6TL0CTJN06 20-10459

Wisconsin Motor Vehicle Crash Report

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

				h Document #	,	Agency Crash Number 20-10459			DEPUTY A. KULAS						
90	Crash Date 08/25/2020		Crash Time 05:10 PM	Date Arrived 08/25/2020			Time Arrived 05:23 PM								
TJN06	Date Notified 08/25/2020	Time Notified 05:12 PM		Total Units 01			Total Injured 00	Total Kille	d						
LOCI	On Emergency	Hit	t and Run	Lane	Closure		Work Zo	ne	Trailer or	Towed		Reporting Threshold			
6T I	Government Property	School Zone	one School Bus Related			Tags									
	Reportable		Crash Type DT4000 (S	TANDARD CI	RASH)				Amended			Secondary Crash			
	Location														
	ON STH113 NB				Latitude	!	Longitude	L	at/LongSource	Acce	Access Control				
	916 FT S				43.450	51282	-89.7133	331 T	LT/ILT						
	OF KESSLER RD IN THE TOWN OF GREENFIELD IN SAUK COUNTY					linate 3.7812	Y Coordin 4814422		n Roadway Link IDa 394577		On Roadway Link Offset 2273				
					Overrid	de 🗌	Tribal Lan	d			cture Tyl				
(Crash Scene				•			,		•					
	First Harmful Event				First Ha	rmful Eve	ent Location								
	OTHER NON-COLLISI	ON			ON ROADWAY										
	Manner of Collision				Light Condition										
	00 - NO COLLISION W	//VEHIC	CLE IN TRAN	ISPORT	DAYLIGHT										
	Road Surface Condition(s))			Environr	ment Fac	ctor(s)								
	DRY					NONE									
	Roadway Factor(s)				Weather	r Condition	on(s)								
	NONE					CLEAR									
	Animal Type	Animal Type						Relation To Trafficway TRAFFICWAY - ON ROAD							
	Crash Classification - Loca	ation			Crash C	lassificat	tion - Jurisdic	tion					_		
	PUBLIC PROPERTY	JBLIC PROPERTY			NO SP	ECIAL	JURISDIC	ΓΙΟΝ							
	Tribal Land					Access Control NO CONTROL			Special Study						
	Within Interchange Area	Jur	nction Location			Inte	ersection Typ	е					_		
	NO	NC	ON-JUNCTIC	N		NC	OT AN INTE	ERSECTI	ON						
	Unit Summary												_		
	Unit Status		T N	/ehicle Operatir	ng As Clas	ssification	n	Unit Type	<u> </u>						
	IN TRANSIT D CLASS			•				AUTOMOBILE							
01	Vehicle Type PASSENGER CAR								Operating As Endorsements						
	Total Occs Train/Bus # Re		ecorded	s Issued		Total Traile	rs	Total HazMat Types 0							
UNIT	Insurance? Direction Of Travel YES NORTHBOUND		I 1	Pre Cra		nTire Speed Lim				anes					
5	Most Harmful Event: Collision With OTHER NON-COLLISION Special Function NO SPECIAL				. FUNCTI	ION	1	Emergency Motor Vehicle Use NOT APPLICABLE					_		
				Traffic Control	L			Traffic Co	ontrol Inoperative/Mi	issing					
	•			Road Curvature				Road Gra	ade				_		
	BLACKTOP (BITUMINOUS) STRAIGH							LEVEL							
01	Truck Bus or HazMat												_		

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_		Role DRIVER			Ottations Issued O Use Driver Address		Individual Type INDIVIDUAL						
0	THUESEN				First Name JOHN	JOHN					Suffix		
		Street Address E12754A CLINGM	IANS RD		Street Address 2	2			PO Box				
_	JAL	City BARABOO			State Zip Code 53913				Country of UNITED				
LINO	INDIVIDUAL	DOB	Sex M	Race W	Hair	Eyes		Height	Weight		Number 3 54-6521 EXT.		
	S	Driver's License Num	ber		State WI						Country of Issuance UNITED STATES		
		License Type NON-CDL DRIVER	R'S LICENS	≣	License Status VALID LICEN	SE			DL Expire 2021	Year			
		Equipment	On Duty Acc		Safety Equipment								
	_	Row 01 - FRONT ROW	SHOULDER 8	LAP	AP BELT								
	5	Helmet Use	l.		Helmet Complian	nce	_						
		Eye Protection			Tint Compliance								
		Injury	Airbag NON DEPLOYED										
⊨	N	Ejected NOT EJECTED			Ejection Path NOT EJECTE	APPLIC	A NOT TRA						
UNIT	INDIVIDUAL	MedicalTransport NOT TRANSPORT	ΓED		EMS Agency Ide	entifier		EMS Run #	#				
	Z	Hospital			Date of Death			Time of De	eath				
		Non Motorist	Location			To/FromSo	chool						
		Prior Action			Action								
	2	Distracted By Action NOT DISTRACTE	D										
		Distracted By Source NOT APPLICABLE	E (NOT DIS	TRACTED)	Action Other								
		Drug & Alcoh	Individual Co	ndition D NORMAL	-								
	٦F	Suspected Alcohol Us	se		Suspected Drug NO	Use							
UNIT	INDIVIDUAL	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type					Alcohol To	est Resu	ts		
_		Drug Test Given TEST NOT GIVEN					Drug Test Results						
		Drug Type											
		License Plate Numbe	r		Plate Type St AUT - AUTOMOBILE WI				Country of Issuance UNITED STATES				
		Vehicle Identification	Number		AUT - AUTUN	JUIL	_	Year Ma		1123			
		WDBEA90DXKF10	06190					RCEDES	BENZ				
		Model 300TE			Body Style SW - STATIOI	ON	Col	lor II - WHITI	 E				
		Initial Contact Point			J. J.A.IIOI] •••	••••••				
		04 - RIGHT SIDE F	REAR										

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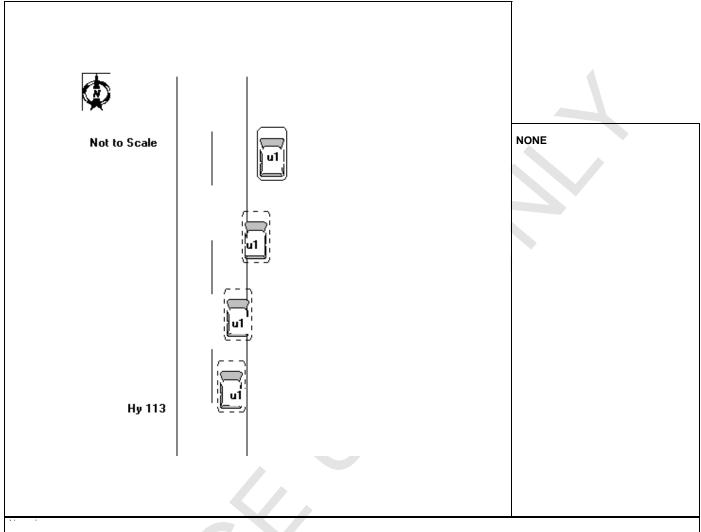
Crash Date 08/25/2020

Crash Time 05:10 PM

						Vehicle Dan	nage						
Extent Of Damage					04 - RIGHT SIDE REAR								
5	DISABLING DAMAGE												
							tors				<u> </u>		
		TOWED DUE TO DISABLI											
		Vehicle Removed By	TIRES										
							1 -						
		What Driver Was Doing	Driver Prior	Action Other		B	us Us	se					
	111	GOING STRAIGHT Driver Actions											
LNO	VEHICLE	NO CONTRIBUTING ACTI	ON										
	>						1						
		✓ Vehicle Owner Same A	As Operate				✓ Use Ope	erator Ad	ddress				
		Organization Type INDIVIDUAL		Compa	any Name	:							
		Last Name		First N				Middle	Suff	fix	Date of Birth		
		THUESEN		JOHN				M					
		Street Address E12754A CLINGMANS RD)	Street Address2 PO Box									
		City		St	Zip Coo								
		BARABOO		WI 53913 UNITED STAT							ES		
		Telephone Number (608) 354-6521 EXT.											
	10	Event EQUIPMENT FAILURE (BL	OWN TIR	E, BRA	KE FAII	LURE, ETC)						
	02	Event											
	0												
	03	Event											
	04	Event				>							
)	l											
ţ	6	Insurance Company PROGRESSIVE-CLASSIC-		Policy Holder Same As Owner Policy Ho				older Same As Driver					
PROGRESSIVE-CLASSIC-INS-CO Organization Type INDIVIDUAL Last Name THUESEN							ime	Polic	cy Holder (Comp	any		
		cription				JOHN							
	Diag	-									Reconstruction By		
	J										·		
											Photos By		
									Additional Information				

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UNIT 1 WAS NORTH BOUND ON HY 113. THE REAR PASSENGER SIDE TIRE OF UNIT 1 BLEW AND CAME OFF OF UNIT 1. THE REAR AXLE SUSTAINED DAMAGED BY DRAGGING ON THE GROUND AFTER THE TIRE BLEW. THE OPERATOR OF UNIT 1 CONTACTED HIS INSURANCE TO SET UP A TOW.

Signature

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

Law Enforcer	nent Agency	y 									
Agency Space											
Officer Rank DEP Officer Last Name KULAS			Officer Firs			Officer Middle Name Suffix					
DOT Officer ID 9139			DNR Officer ID			Officer Badge Number 9139					
Officer EMail	Officer EMail										
Local Agency Number Law Enforcement Agency Jurisd SAUK					tion Law Enforcement Agency type COUNTY SHERIFF						
Law Enforcement A	Agency Name			TAS	TAS Agency Name						
SAUK COUNTY	EN	SAU	SAUK COUNTY SHERIFF								
Law Enforcement A		Law E	Law Enforcement Agency Street Address2								
1300 LANGE CO	DURT										
Law Enforcement Agency City LEA State					Law Enforcement Agency Zip Code						
BARABOO WI					53913						

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