20-10426

Wisconsin Motor Vehicle Crash Report

	Document Number Override	Primary Crash	Document #	Agency Crash Number 20-10426			Investigating Officer/Deputy DEPUTY J. KIRKENG					
Q	Crash Date 08/24/2020	Crash Time 09:01 PM		Date / 08/24			Time Arrived 09:07 PM					
T5	Date Notified 08/24/2020	Time Notified 09:02 PM		Total 01	Total Units 01			Total Injured	Total 00	Killed		
092T5PQ	On Emergency	t and Run	Lane C	Closure		Work Zo	ne	✓ Trailer or T	owed			Reporting Threshold
6TL	Government Property	Active S	chool Zone	Schoo NO	ol Bus	s Related		Tags				
	Reportable	Crash Type DT4000 (ST	e (STANDARD CRASH)							E		Secondary Crash
ļ	_ocation											
	ON STH33 EB 1119 FT S			Latitude 43.610469	77	Longitude -90.1393		t/LongSource		Access (Control	
	OF GREEN VALLEY DR IN THE TOWN OF LA VALLE		X Coordinat	е	Y Coordina 4833400	ate Or	On Roadway Link ID# 5083256		On Road	dway Li	nk Offset	
	IN SAUK COUNTY		Override	Tribal Lar					Structure Type			
	Crash Scene					Â						-
	First Harmful Event		First Harmfu	ul Eve	ent Location							
	DOMESTICATED ANIMAL -	ALIVE		ON ROAD		Y						
	Manner of Collision	CDODT	Light Condition									
	00 - NO COLLISION W/VEHIC Road Surface Condition(s)		SPORT	DARK/UNLIT Environment Factor(s)								
	Road Surface Condition(S)											
	WET		ANIMAL (S) IN ROADWAY									
	Roadway Factor(s)		Weather Condition(s)									
	NONE		CLOUDY, RAIN									
	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					
	õ	nction Location	N			ersection Typ DT AN INTE		DN				
l	Jnit Summary				1							
	Unit Status IN TRANSIT		ehicle Operatin	g As Classific	ation	1	Unit Type TRUCK					
01	Vehicle Type TRUCK TRACTOR (SEMI ATTACHED)							Operating As Endorsements N - TANKER				
	Total Occs Train/Bus # Re	ecorded To	otal # Citations	Issued		Total Trailer 1	rs	Total HazMat Typ 0	pes			
UNIT	Insurance? Direction Of Tr YES EASTBOUN		Pre Cras Mar			Speed Limit 55	t	Total Lanes 2				
'n	Most Harmful Event: Collision With DOMESTICATED ANIMAL -		pecial Function				Emergeno NOT AP	y Motor Vehicle Use	e			
	Traffic Way TWO-WAY, NOT DIVIDED		raffic Control	_			Traffic Control Inoperative/Missing					
	Surface Type CONCRETE		oad Curvature TRAIGHT				Road Gra	ad Grade				
01	Truck Bus or HazMat TRUCK OR TRUCK COMBIN											

20-10426

Wisconsin Motor Vehicle Crash Report

~				Citations Issued 0			Individual Type INDIVIDUAL				
9	01	Last Name TRAVER			First Name STEVEN				Middle Ini KEITH	itial	Suffix
		Street Address 403 S MAPLE ST	Street Address 2				PO Box				
L	JAL	City PAULLINA			State Zip Code IA 51046				Country of Residence		
UNIT	INDIVIDUAL	DOB	Sex M	Race W	Hair UNKNOW	Eyes BRO	WN	Height 603	Weight 195		Number 490-7194 EXT.
	IND	Driver's License Num	ber		State IA		License Ju STATE	rsidiction	Country o		
		License Type COMMERCIAL DR		NSE (CDL)	License Status	SE .			DL Expire 2024	e Year	
		Equipment	On Duty Acc	ident	Safety Equipmen	t					
	1	Row 01 - FRONT ROW		Seat Position 07 - LEFT	SHOULDER &	LAP	BELT				
	01	Helmet Use			Helmet Complian	се	<u>_</u>				
		Eye Protection			Tint Compliance						
		Injury	Injury Severi NO APPA	ty RENT INJURY	Airbag NON DEPLOY	ED	X				
⊨	DUA	Ejected NOT EJECTED	Ejection Path NOT EJECTEE	D/NOT		Trapped/E					
UNIT	Ejected NOT EJECTED MedicalTransport NOT TRANSPORTED Hospital				EMS Agency Ider	ntifier		EMS Run #	#		
	N	Hospital			Date of Death			Time of De	ath		
		Non Motorist	Striking Unit	#	Location			To/FromSo	chool		
	_	Prior Action			Action						
	01	Distracted By Action NOT DISTRACTED)								
		Distracted By Source NOT APPLICABLI	E (NOT DIS	TRACTED)	Action Other						
		Drug & Alcoh	Individual Co	ondition D NORMAL							
	AL	Suspected Alcohol Us NO	se		Suspected Drug	Use					
UNIT	INDIVIDUAL	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type					Alcohol T	est Resu	lts
-	INDI	Drug Test Given TEST NOT GIVEN		Drug Test Type					Drug Tes	t Results	
		Drug Type									
		License Plate Numbe	r		Plate Type			St Co	untry of Iss	uance	
		205505			TOR - TRACTO	OR			IITED ST/		
		Vehicle Identification 1XKWD49X3KJ21						Year Ma 2019 KE		нмотс	OR TRUCK CO
		Model UNK			Body Style TC - TRACTO		Col	Color BLK - BLACK			
		Initial Contact Point				•					
		12 - FRONT									

20-10426

Wisconsin Motor Vehicle Crash Report

						ſ	Vehicle Damage								
~	5 5 Extent Of Damage						01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 12 - FRONT								
0	0														
		Towed Due To Damage NOT TOWED Vehicle Removed By OPERATOR					Veh	icle Factors							
							NO	T APPLICABLE							
		What Driver Was Doing						er Prior Action Other			Bus Us	se			
		GOING STRAIGHT													
	щ	Driver Actions													
UNIT	VEHICL	Driver Actions NO CONTRIBUTING ACTION													
		Vehicle Owner Same As Operator						Use Op	erato	or Address					
		Organization Type Company Name										-			
		ORGANIZATION	N/COMPAN	Y	T-RO	NE TRA	NSP	ORT LLC							
		Last Name			First N	lame			Mide	dle S	Suffix	Date of Birth			
		Street Address 2311 S BLUFF F	Street	Address2		POI	Box								
		City				Zip Cod	е		Country of Residence						
		HOMER				68030			UN	ITED STAT	ES				
		Telephone Number	r												
	01	Event DOMESTICATED ANIMAL - ALIVE													
	~	Event													
	02														
	03	Event													
	04	Event													
Ę	6	Insurance Company GREAT-WEST-C		-co			Policy Holder Same As Owne			Policy Holder Same As Driver					
UNIT	НОГ	Organization Type Last Name ORGANIZATION/COMPA						First Name		Policy Holder Company T-RONE TRANSPORT LLC					
1		Trailer Plate #	Plate Type	State		Country o	of Issuance								
Σ	Ξ	270229	TRL - TRA	AI NE		UNITED	D STATES								
ò	6	Make		Unit ⁻	Гуре	Vehicle Id	e Identification Number								
								5217SN001960							
	Ш	✓ Trailer Owner Same As Vehicle													
	Š	Organization Type				any Name									
Εl	Ĕ						NSPORT LLC								
UNIT	R.	Last Name			First N					dle Initial		Suffix			
	۳.	TRAVER			STEV				KEI						
	TRAILER/TOWED	Street Address Street Address Street Address				Address2	2			PO Box					
	•	City			St	Zip Code	е			ntry of Reside					
		HOMER			NE	68030			UNI	ITED STAT	ES				
		Telephone Number	r –												
				_				Source							
		✓ Use Vehicle	e Owner Sa	me as Ca	arrier			DRIVER							
		US DOT #						Carrier Name							

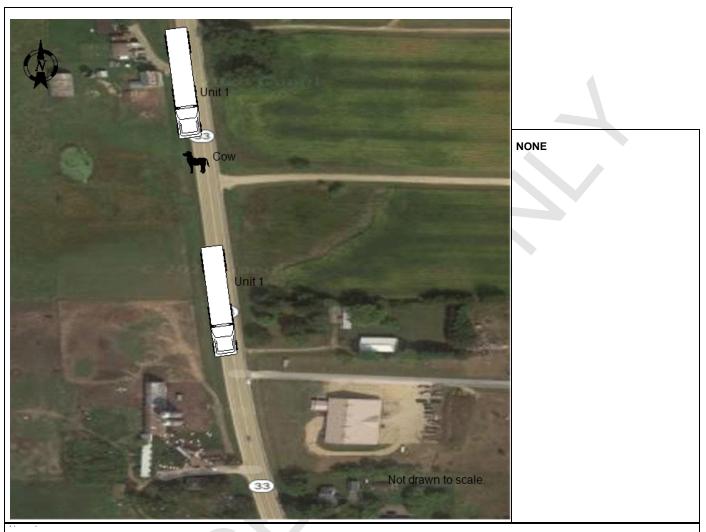
20-10426

Wisconsin Motor Vehicle Crash Report

		2893759				-	T-RONE TRANSPORT LLC							
	·				Carrier Add			Carrier PO Box	Number					
	6	2311 S BLUFF RD												
2	0	City			State NE	Zip Co		Country of Res						
Ŭ			HOMER			68030		UNITED STA						
	GVWR 10,001-26,000 LBS			0	/SEMI-TRAI	Cargo Body Ty CARGO TAN								
					TRUCK	RACIOR	Permitted Loa		<u>^</u>					
UNIT	Carrier Type INTERSTATE CARRIER					LONG TRU								
5				WI Permit	Number									
	S	OS/OW Load			Permitt	Permitted Route	~							
	TRUCK	Escort Vehicle Required By Permit												
			cie Required	-			Measured Wi	Vehicle Prese	nt Measured Weight					
	Measured Height Measured Length					weasured wi	um	weasured weight						
	Prop	erty Owner												
	- Indivi	dual				Address	STATE ROAD							
ت الطنان EDWARD JAMES STRAMPE							STATE ROAD	0 33 1 . US						
PROP OWNER	(000)	,					,	. ,						
	Five	d Objecto Str	uok											
Fixed Objects Struck														
	Striking Unit Struck Object Structure Numb 01 DOMESTICATED ANIMAL - ALIVE Structure Numb								Othersteine Misseelsen					
	3				AL - ALIVE				Structure Number	Damage Tag Number 0000				
	9	01 C		ED ANIM	AL - ALIVE				Structure Number	Damage Tag Number 0000				
	ک Desc	oi cription		ED ANIM	AL - ALIVE					0000				
	9	oi cription		ED ANIM	AL - ALIVE		5		Structure Number Reconstruction	0000				
	ک Desc	oi cription		ED ANIM	AL - ALIVE		5			0000				
	ک Desc	oi cription		ED ANIM			5			0000				
	ک Desc	oi cription		ED ANIM			5)		0000				
	ک Desc	oi cription		ED ANIM			5		Reconstructio	0000				
	ک Desc	oi cription		ED ANIM	AL - ALIVE		5		Reconstructio	0000				
	ک Desc	oi cription		ED ANIM			5		Reconstruction Photos By	0000 on By				
	ک Desc	oi cription					5		Reconstructio	0000 on By				
	ک Desc	oi cription					5		Reconstruction Photos By	0000 on By				
	ک Desc	oi cription					5		Reconstruction Photos By	0000 on By				
	ک Desc	oi cription					5		Reconstruction Photos By	0000 on By				
	ک Desc	oi cription					5		Reconstruction Photos By	0000 on By				
	ک Desc	oi cription					5		Reconstruction Photos By	0000 on By				
	ک Desc	oi cription					5		Reconstruction Photos By	0000 on By				
	ک Desc	oi cription					5		Reconstruction Photos By	0000 on By				

20-10426

Wisconsin Motor Vehicle Crash Report



UNIT 1 WAS TRAVELING E/B ON STH 33. UNIT 1 STRUCK A COW THAT WAS IN THE ROADWAY. OWNER OF CATTLE WAS LOCATED AND CITED FOR ANIMAL AT LARGE.

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 Officer Last Name DEP KIRKENG			Officer First Name J		Officer Middle Name W		Suffix		
DOT Officer ID DNR Offi 9149			DNR Offic			Office 9149	er Badge Number 3		
Officer EMail									
Local Agency Number Law Enford SAUK			rcement Agency Jurisdiction				Law Enforcement Agency type COUNTY SHERIFF		
Law Enforcement Agency Name SAUK COUNTY SHERIFFS DEPARTMEN					TAS Agency Name SAUK COUNTY SHERIFF				
Law Enforcement Agency Street Address 1300 LANGE COURT					Law Enforcement Agency Street Address2				
Law Enforcement Agency City LEA State WI				Law Enforcemen 53913		ment Agency Zip Code			

20-10426

Wisconsin Motor Vehicle Crash Report

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