

6TL092T5PQ

20-10426

Wisconsin Motor Vehicle Crash Report

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

UNIT 01	Role DRIVER		Citations Issued 0	<input type="checkbox"/> Use Driver Address		Individual Type INDIVIDUAL	
	Last Name TRAYER		First Name STEVEN		Middle Initial KEITH	Suffix	
	Street Address 403 S MAPLE ST		Street Address 2		PO Box		
	City PAULLINA		State IA	Zip Code 51046		Country of Residence UNITED STATES	
	DOB	Sex M	Race W	Hair UNKNOWN	Eyes BROWN	Height 603	Weight 195
					Phone Number (712) 490-7194 EXT.		
	Driver's License Number		State IA	License Jurisdiction STATE		Country of Issuance UNITED STATES	
	License Type COMMERCIAL DRIVER LICENSE (CDL)		License Status VALID LICENSE			DL Expire Year 2024	
	Equipment		On Duty Accident		Safety Equipment		
	Row 01 - FRONT ROW		Seat Position 07 - LEFT		SHOULDER & LAP BELT		
UNIT 01	Helmet Use		Helmet Compliance				
	Eye Protection		Tint Compliance				
	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 NOT DISTRACTED						
	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		Action Other				
UNIT 01	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 205505		Plate Type TOR - TRACTOR		St NE	Country of Issuance UNITED STATES	
	Vehicle Identification Number 1XKWD49X3KJ214763				Year 2019	Make KENWORTH MOTOR TRUCK CO	
	Model UNK		Body Style TC - TRACTOR			Color BLK - BLACK	
	Initial Contact Point 12 - FRONT						

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UNIT VEHICLE	01	Vehicle Damage	
		01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 12 - FRONT	
		Extent Of Damage MINOR DAMAGE	
		Towed Due To Damage NOT TOWED	
	Vehicle Factors		
	Vehicle Removed By OPERATOR		
	NOT APPLICABLE		
	What Driver Was Doing GOING STRAIGHT		
	Driver Prior Action Other		
	Bus Use		
Driver Actions NO CONTRIBUTING ACTION			
<input type="checkbox"/> Vehicle Owner Same As Operator <input type="checkbox"/> Use Operator Address			
Organization Type ORGANIZATION/COMPANY Company Name T-RONE TRANSPORT LLC			
Last Name 2311 S BLUFF RD First Name PO Box Middle Street Address2 Suffix City Date of Birth HOMER			
Street Address 2311 S BLUFF RD Street Address2 St PO Box NE			
City HOMER St NE Zip Code 68030 Country of Residence UNITED STATES			
Telephone Number			
01	01	Event DOMESTICATED ANIMAL - ALIVE	
	02	Event	
	03	Event	
	04	Event	
UNIT HOL	01	Insurance Company GREAT-WEST-CASUALTY-CO <input checked="" type="checkbox"/> Policy Holder Same As Owner <input type="checkbox"/> Policy Holder Same As Driver	
	01	Organization Type ORGANIZATION/COMPA Last Name First Name Policy Holder Company T-RONE TRANSPORT LLC	
UNIT TRAILER/TOWED	01	Trailer Plate # 270229 Plate Type TRL - TRAI State NE Country of Issuance UNITED STATES	
	01	Make WALK Unit Type SEMI TR Vehicle Identification Number 1W9S45217SN001960	
<input checked="" type="checkbox"/> Trailer Owner Same As Vehicle			
Organization Type ORGANIZATION/COMPANY Company Name T-RONE TRANSPORT LLC			
Last Name TRAYER First Name STEVEN Middle Initial KEITH Suffix			
Street Address 2311 S BLUFF RD Street Address2 PO Box			
City HOMER St NE Zip Code 68030 Country of Residence UNITED STATES			
Telephone Number			
<input checked="" type="checkbox"/> Use Vehicle Owner Same as Carrier Source DRIVER			
US DOT #			
Carrier Name			

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UNIT 01 TRUCK BUS	2893759		T-RONE TRANSPORT LLC	
	Carrier Address 2311 S BLUFF RD		Carrier Address 2	Carrier PO Box Number
	City HOMER	State NE	Zip Code 68030	Country of Residence UNITED STATES
	GVWR 10,001-26,000 LBS		Vehicle Configuration TRUCK TRACTOR/SEMI-TRAI	Cargo Body Type CARGO TANK
	Carrier Type INTERSTATE CARRIER		Permitted Load LONG TRUCK	
	<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

Property Owner

PROP OWNER 01	Individual EDWARD JAMES STRAMPE (608) 415-1281	Address S1045 STATE ROAD 33 LA VALLE, WI 53941 , US
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Fixed Objects Struck

01	Striking Unit 01	Struck Object DOMESTICATED ANIMAL - ALIVE	Structure Number	Damage Tag Number 0000
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Description

Diagram

Reconstruction By

Photos By

Additional Information

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NONE

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 DEP	Officer Last Name KIRKENG	Officer First Name J	Officer Middle Name W	Suffix
DOT Officer ID 9149		DNR Officer ID	Officer Badge Number 9149	
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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