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21-00416

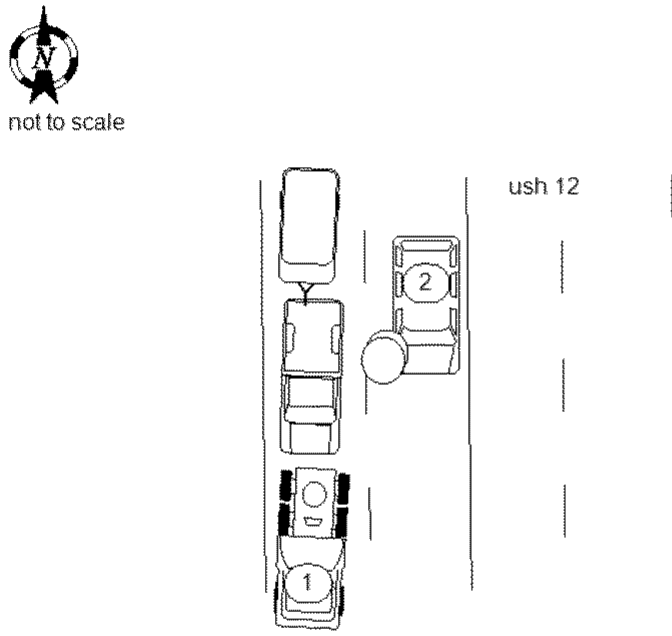
WISCONSIN MOTOR VEHICLE CRASH REPORT

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 21-00416		Investigating Officer/Deputy DEPUTY E. KNULL	
Crash Date 01/14/2021		Crash Time 01:39 PM		Date Arrived 01/14/2021		Time Arrived 01:48 PM	
Date Notified 01/14/2021		Time Notified 01:39 PM		Total Units 02		Total Injured 00	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 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 NO		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended		<input type="checkbox"/> Secondary Crash	

Description

Diagram 	Reconstruction By
	Photos By
	Additional Information NONE

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

UNIT 1 EB ON USH 12 TOWING A FULL SIZE DUALY TRUCK WITH ATTACHED TRAILER. WHILE EB THE TRUCK BEING TOWED LOST A WHEEL AND IT STRUCK UNIT 2 WHICH WAS ALSO EB. WHEEL STRUCK UNIT 2 FRONT PASSENGER SIDE FRONT CAUSING FUNCTIONAL DAMAGE. UNIT 1 DID NOT SUSTAIN DAMAGE BUT THE TOWED VEHICLE SUSTAINED DAMAGE FROM LOSING THE WHEEL. NO INJURIES REPORTED AND UNIT 2 WAS REMOVED BY OPERATOR. UNIT 1 WAS REMOVED BY OPERATOR. TOWED VEHICLE AND TRAILER WERE REMOVED BY CRAIGS TOWING.

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ON USH12 EB 513 FT S OF SHADY LANE RD IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude	Longitude
	43.545597677	-89.787310019
	X Coordinate	Y Coordinate
	274826.8125	4825180.5
	Structure Type	
	NO STRUCTURE	

First Harmful Event CARGO/EQUIPMENT LOSS OR SHIFT		First Harmful Event Location ON ROADWAY	
Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT		Light Condition DAYLIGHT	
Road Surface Condition(s) DRY		NONE	
Environment Factor(s) NONE			
Weather Condition(s) CLOUDY			
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	Unit Status IN TRANSIT		Vehicle Operating As Classification B CLASS		Unit Type TRUCK	
	Vehicle Type STRAIGHT TRUCK (INSERT TRUCK)				Operating As Endorsements	
	Total Occs 2	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 2	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 65	Total Lanes 4	
	Most Harmful Event: Collision With OTHER NON-COLLISION		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way DIVIDED HWY W/O TRAFFIC BARRIER		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type CONCRETE		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat TRUCK OR TRUCK COMBINATION > 10,000LBS GVWR/GCWR					

UNIT	VEHICLE	01	01	License Plate Number 24598Z	Plate Type APO - APPORTIONED	St WI	Country of Issuance UNITED STATES
				Vehicle Identification Number 1XKWP4EX09R249561	Make KENWORTH MOTOR TRU	Year 2009	Model SEMI
				Color RED - RED	Body Style TC - TRACTOR		Bus Use
				Initial Contact Point 00 - NON-COLLISION	Vehicle Damage 00 - NO DAMAGE		
				Extent Of Damage NO DAMAGE			

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UNIT 01	VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR		
		What Driver Was Doing GOING STRAIGHT		Vehicle Factors		
		Driver Prior Action Other		NOT APPLICABLE		
		Driver Actions NO CONTRIBUTING ACTION				
		Owner Name CRAIG A REDENBAUGH (608) 477-3139		Owner Address 2125 W PINE ST BARABOO, WI 53913 , US		
Sequence Of Events						
UNIT 01	TRAILER	Event CARGO/EQUIPMENT LOSS OR SHIFT				
		Event				
		Event				
		Event				
Policy Holder						
		Insurance Company PENINSULA-INSURANCE-COMPANY,-THE		Individual CRAIG REDENBAUGH		
Trailer/Towed						
UNIT 01	TRAILER	Trailer Plate # DH14469	Plate Type HTK - HEA	Make DODG	State WI	Country of issuance UNITED STATES
		Unit Type TRUCK		Individual MICHAEL SHAWN DROOG		Address 3110 ROBIN HOOD DR LA CROSSE, WI 54601 , US
UNIT 01	TRAILER	Vehicle Identification Number 1B7MF33621J551169				
		Trailer Plate # YA22216	Plate Type TRL - TRAI	Make KAUF	State WI	Country of issuance UNITED STATES
UNIT 01	TRAILER	Unit Type FULL TRAILER		Organization/Company SLOMOTION TRANSPORT LLC		Address 1721 LIBERTY ST LACROSSE, WI 54603 , US
		Vehicle Identification Number 5SHFW502XGB000131				
UNIT 01	INDIVIDUAL	Individual				
		Driver CRAIG A REDENBAUGH (608) 477-3139		Citations Issued 0	Sex MALE	
		Date of Birth [REDACTED]		Race WHITE		
		Address 2125 W PINE ST BARABOO, WI 53913 , US		Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES		
Safety Equipment						
		On Duty Crash		Safety Equipment		
Row 01 - FRONT ROW		Seat Position 07 - LEFT		SHOULDER & LAP BELT		
Helmet Use		Helmet Compliance				

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01	001	Eye Protection		Tint Compliance				
		Injury	Injury Severity NO APPARENT INJURY		Airbag NON DEPLOYED			
			Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED		
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #		
		Hospital		Date of Death		Time of Death		
		Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)				
		Distracted By Action NOT DISTRACTED						
		Non Motorist	Striking Unit #		Location			
			Prior Action					
		01	001	Action				
Action Other								
To/From School								
Drug & Alcohol				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								
Individual Condition APPEARED NORMAL								
01	001			Individual				
				Passenger JEREMIAH M ANDERSON (608) 304-1493		Citations Issued 0		Sex MALE
				Date of Birth [REDACTED]		Race WHITE		
		Address 1721 LIBERTY ST LACROSSE, WI 54603 , US		Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES				
		Safety Equipment						
		On Duty Crash		Safety Equipment SHOULDER & LAP BELT				
		Row 01 - FRONT ROW	Seat Position 09 - RIGHT					
		Helmet Use		Helmet Compliance				
		Eye Protection		Tint Compliance				

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01	002	Injury		Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED		
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED		
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #	
		Hospital		Date of Death		Time of Death	
		Distracted By		Distracted By Source			
		Distracted By Action					
		Non Motorist		Striking Unit #		Location	
		Prior Action					
		Action					
		Action Other					To/From School
01	002	Drug & Alcohol		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					
		Individual Condition APPEARED NORMAL					
		Carrier					
		<input checked="" type="checkbox"/> Use Vehicle Owner Same as Carrier		Source DRIVER			
		Name CRAIG A REDENBAUGH USDOT# 670747		Address 2125 W PINE ST BARABOO, WI 53913 , US			
		GVWR MORE THAN 26,000 LB		Vehicle Configuration SINGLE UNIT TRUCK (3 OR MORE AXLES)		Cargo Body Type VEHICLE TOWING MOTOR VEHICLE	
		US DOT # 670747		Carrier Type INTERSTATE 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							

Unit Summary

Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type AUTOMOBILE
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02 UNIT	Vehicle Type (SPORT) UTILITY VEHICLE				Operating As Endorsements	
	Total Occs 1		Train/Bus # Recorded		Total # Citations Issued 0	
	Insurance? YES		Direction Of Travel EASTBOUND		Total Trailers 0	
			<input type="checkbox"/> Pre Crash Tire Mark		Speed Limit 65	
					Total HazMat Types 0	
					Total Lanes 4	
02 UNIT	Most Harmful Event: Collision With CARGO/EQUIPMENT LOSS OR SHIFT				Special Function NO SPECIAL FUNCTION	
	Traffic Way DIVIDED HWY W/O TRAFFIC BARRIER				Traffic Control NO CONTROL	
	Surface Type CONCRETE				Road Grade LEVEL	
	Truck Bus or HazMat NO				Emergency Motor Vehicle Use NOT APPLICABLE	
					Traffic Control Inoperative/Missing NO	
02 UNIT	Vehicle					
	License Plate Number 879SEJ		Plate Type AUT - AUTOMOBILE		Country of Issuance WI	
	Vehicle Identification Number JM3TB2DAXB0310558		Make MAZDA		Model CX-9	
	Color BLU - BLUE		Body Style LL - CARRYALL		Bus Use	
	Initial Contact Point 00 - NON-COLLISION		Vehicle Damage			
	Extent Of Damage FUNCTIONAL DAMAGE		02 - RIGHT SIDE FRONT			
	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR			
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors			
	Driver Prior Action Other		NOT APPLICABLE			
	Driver Actions NO CONTRIBUTING ACTION					
02 UNIT	Owner Name STEPHEN JOHN DINEHART (608) 316-5239		Owner Address 7842 BIG TIMBER TRL MIDDLETON, WI 53562 , US			
02 UNIT	Sequence Of Events					
	Event STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY MOTOR VEHICLE					
	Event					
	Event					
04 UNIT	Event					
	Event					
	Event					
	Event					
04 UNIT	Policy Holder					
	Insurance Company USAA-GENERAL-INDEMNITY-CO			Individual STEPHEN DINEHART		
04 UNIT	Individual					
	Citations Issued 0			Sex MALE		

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UNIT 02 003	INDIVIDUAL	Driver STEPHEN JOHN DINEHART (608) 316-5239		Date of Birth [REDACTED]	Race WHITE
		Address 7842 BIG TIMBER TRL MIDDLETON, WI 53562 , US		Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES	
		On Duty Crash		Safety Equipment	
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT	
		Helmet Use		Helmet Compliance	
		Eye Protection		Tint Compliance	
		Injury NO APPARENT INJURY		Airbag NON DEPLOYED	
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #
		Hospital		Date of Death	Time of Death
UNIT 02 003	INDIVIDUAL	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)			
		Distracted By Action NOT DISTRACTED			
		Striking Unit #		Location	
		Prior Action			
		Action			
		Action Other		To/From School	
		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 02 003	INDIVIDUAL	Individual Condition APPEARED NORMAL			