WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | Document Number Override | e Primary Crash | Primary Crash Document# | | Agency Crash Number 22-01691 | | Investigating Officer/Deputy DEPUTY W. NEUBAUER | | |
|---------|---|--------------------------|-------------------------|-----------------------|------------------------------------|-----------------|---|----------------------|--|
| Ö | Crash Date | Crash Time | | Date A | | | Time Arrived | | |
| Ĕ | 02/22/2022 | 11:20 AM | | 02/22 | | | 11:59 AM | | |
| .0B655T | Date Notified 02/22/2022 | Time Notified 11:25 AM | Time Notified 11:25 AM | | Inits | Total Injured | Total Kill | Total Killed 00 | |
| .0B | On Emergency | Hit and Run | Lane Clos | | | | or Towed | Reporting Threshold | |
| QTL | Government Property | | chool Zone | School Bus Related NO | | Tags | | | |
| | ∨ Reportable | Crash Type DT4000 (ST | ANDARD CRASH | 1) | | Amend | d | Secondary Crash | |
| | Description | | | | | | | | |
| | ▼ I, a sworn law enfo | CTY PF NOT TO SCALE | | | | | Photos By Additional Info NONE | ormation | |
| | UNIT 1 WAS TRAVELING S/ LEFT THE ROADWAY AND | | | ON OF SI | (YVIEW RD. UNIT 1 DRI ⁾ | /ER LOST TRACTI | ON A LEFT | HAND CURVE. UNIT 1 | |

Location

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Crash Time 11:20 AM

| • | ON CTHPF SB 0.48 MI S | | | | Latitude 43.364035631 | | | Longitude -89.972491518 | | | |
|--------|--|--|---|-----------------------------------|---------------------------------|--|-------------------------------------|----------------------------|--|--|--|
| | OF PAGEL DR | | | | | | | | | | |
| | IN THE TOWN OF HONEY IN SAUK COUNTY | CREEK | | X Coordi 259146 . | | | Y Coord 480553 | | | | |
| | | | | Structure NO STF | Type RUCTURE | | | | | | |
| | Crash Scene | | | | | | | | | | |
| | FirstHarmful Event | | | FirstHan | mful Event l | Location | | | | | |
| | DITCH | | | ON ROA | ON ROADWAY | | | | | | |
| | Manner of Collision | | | | Light Condition | | | | | | |
| | 00 - NO COLLISION W/VEHICLE IN TRANSPORT | | | | DAYLIGHT | | | | | | |
| | Road Surface Condition(s) | | | | Roadway Factor(s) | | | | | | |
| | WET, SNOW, SLUSH, ICE | | | | | | | | | | |
| | Environment Factor(s) | | | 2012 | | CONDITION | OMET 10 | V 020W 0111011 | | | |
| | WEATHER CONDITIONS | | | ETC) | OURFACE | CONDITION | (VVE 1, 1C | Y, SNOW, SLUSH, | | | |
| | Weather Condition(s) | | | | | | | | | | |
| | CLOUDY, SNOW, SLEET/ | CLOUDY, SNOW, SLEET/HAIL, FREEZING RAIN OR FREEZING DRIZZLE | | | | | | | | | |
| | Animal Type | I | Relation To Trafficway TRAFFICWAY - ON ROAD | | | | | | | | |
| | Crash Classification - Location | Crash Classification - Location | | | | | Crash Classification - Jurisdiction | | | | |
| | PUBLIC PROPERTY | | | | CIAL JUF | RISDICTION | | | | | |
| | TribalLand | | | Access 0 | | | Special Study | | | | |
| | Within Interchange Area Junction Location Intersection | | | | •• | | | | | | |
| | NO | NON-JUNCTION | N | OT AN INTERS | ECTION | | | | | | |
| | Unit Summary - | | | | | | | | | | |
| | | | | ing As Classificatio | n | UnitType | | | | | |
| | IN TRANSIT B CLASS Vehicle Type | | | | TRUCK Operating As Endorsements | | | | | | |
| 5 | STRAIGHT TRUCK (INSE | RT TRUCK) | | | operating to Endorsements | | | | | | |
| | Total Occs | Train/Bus#Recorded | Total#Citation: | Total#Citations Issued TotalTrail | | | illers Total HazMat Types | | | | |
| | 1 | | | | 0 | | 0 | •• | | | |
| | Insurance? | Direction Of Travel | Pre Cra | shTire | Speed Li | imit | TotalLan | es | | | |
| ╘ | YES | SOUTHBOUND | Ma | | 55 | | 2 | | | | |
| | Most Harmful Event: Collision \ DITCH | | Special Function NO SPECIAL FUNCTION | | | Emergency Motor Vehicle Use NOT APPLICABLE | | | | | |
| | Traffic Way | Traffic Control | | Traffic Control Ir | | trol Inopera | tive/Missing | | | | |
| | TWO-WAY, NOT DIVIDED | NO CONTRO | | NO | | | | | | | |
| | Surface Type BLACKTOP (BITUMINOUS | Road Curvature | | | | Road Grade DOWNHILL | | | | | |
| | Truck Bus or HazMat | 001(12 221 | John 1 | | | | | | | | |
| | | TRUCK OR TRUCK COMBINATION > 10,000LBS GVWR/GCWR | | | | | | | | | |
| | Vehicle | TO SKILL OF SKILL SK | wawa wa | c ec ecececece ce ce esce | ckkkkk <u>kkk</u> | SSSSSSSSSS | SSSSSSSS | | | | |
| | License Plate Number | Plate Type | | Year Mode 2018 258// Bust | | Country of Issuance | | | | | |
| | GD76627 | HTK - HEAV | Y TRUCK | | | UNITED STATES Model | | | | | |
| 2 | Vehicle Identification Nur 5PVNE8JV8J4S5650 | Make | | | | | | | | | |
| ن | | HINO | | | | 258/268 Bus Use | | | | | |
| | Color WHI - WHITE | Body Style ST - STAKE | TRUCK | | | | | | | | |
| | III Initial Contact Point | | ST - STAKE TRUCK Vehicle Damage | | | | | | | | |
| ⊨ | 00 - NON-COLLISION Extent Of Damage | | ~ | | | | 7 8 9 10 1 1 6 12 | | | | |
| L N | Extent Of Damage | 00 - NO DAI | 00 - NO DAMAGE | | | | | | | | |
| _ | NO DAMAGE | | 5 4 3 2 | | | | | | | | |
| | | | | | | | | | | | |
| VISCO | onsin Motor Vehicle Crash | 11 | nis report does not incl | iuue any UJIS data | ١. | | urash Date | e 02/22/2022 | | | |

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Crash Date 02/22/2022

Crash Time 11:20 AM

| | | Towed Due To Damage | | Vehicle Removed By | | | | | | |
|---------------------------------------|------------|--|----------------------|---|--|--|--|--|--|--|
| | | NOT TOWED | | OPERATOR | | | | | | |
| | | What Driver Was Doing | | Vehicle Factors | | | | | | |
| | | NEGOTIATING CURVE Driver Prior Action Other | | NOT APPLICABLE | | | | | | |
| | | Bitter Herricker Garar | | | | | | | | |
| Driver Actions NO CONTRIBUTING ACTION | | | | | | | | | | |
| 9 | 5 | OwnerName AR! FLEET LT | | | Owner Address 4001 LEADENHALL RD MOUNT LAUREL, NJ 08054 , US | | | | | |
| | | Sequence Of Events | | | | | | | | |
| | 5 | Event RUN OFF ROADWAY RIGI | | | | | | | | |
| | 8 | Event DITCH | | | | | | | | |
| | 8 | Event | | | | | | | | |
| | 2 | Event | | | | | | | | |
| _ | | Policy Holder | | | | | | | | |
| N | | Insurance Company | | | Organization/Company | | | | | |
| _ | | ACE-AMERICAN-INS-CO | | ARI FLEET LT | | | | | | |
| | | Individual | | | | | | | | |
| | | Driver | | Citations Issued | Sex | <u>One and the manufacture of the state of the</u> | | | | |
| | | JOSHUA ALLEN WEISHO (920) 723-5418 | r r | 0 | MALE | | | | | |
| _ | 7 | | | Date of Birth | Race WHITE | | | | | |
| LNO | Ē | Address | | Driver License Number | | | | | | |
| _ | INDIVIDUAL | N6795 COUNTY ROAD A I LAKE MILLS, WI 53551 , | | STATE: WISCONSIN COUNTRY: UNITED STATES | | | | | | |
| | Sai | On Duty Tety Equipment | Crash | Safety Equipment | | | | | | |
| | | | | SHOULDER & LAP BELT | | | | | | |
| | | HelmetUse | | Helmet Compliance | | | | | | |
| | | Eye Protection | | Tint Compliance | | | | | | |
| _ | 8 | Injury Se | everity | Airbag | | | | | | |
| Σ | ŏ | Injury NO APPARENT INJURY | | NON DEPLOYED | | | | | | |
| | | Ejected Ejection Path NOT EJECTED NOT EJECTED/NOT AF | | BI ICABI E | | Trapped/Extricated NOT TRAPPED | | | | |
| | | Medical Transport | | PLICABLE EMS Agency Identifier | | EMS Run# | | | | |
| | | NOT TRANSPORTED | | Ewo Agency Identified | | LINO YOUTH | | | | |
| | | Hospital | | Date of Death Time of Death | | | | | | |
| | | Distracte | ed By Source | 1 | | 1 | | | | |
| | | Distracted By NOT A | PPLICABLE (NOT DISTR | ACTED) | | | | | | |
| | | Distracted By Action NOT DISTRACTED | | | | | | | | |

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Crash Time 11:20 AM

| | | Non Motorist Striking L | Init# | Location | | | | | | | | |
|------|--|-----------------------------------|-----------------------------|----------------------------|--|----------------------------------|-------------------------|----------------------|-----------------------------------|------------------------|--|--|
| | | Prior Action Prior Action | | | | | | | | | | |
| | | Action | | | | | | | | | | |
| | AL | | | | | | | | | | | |
| UNIT | INDIVIDUAL | | | | | | | | | | | |
| ⊃ | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | Action Other | | | | | | | | To/From School | | |
| | | | | | | | | | | | | |
| | l | Drug & Alcohol NO | d Alcohol U | Jse | NO NO | cted Drug Use | | | | | | |
| | | Alcohol Test Given TEST NOT GIVEN | | Alcohol Test Type | | | | Alcohol Test Results | | | | |
| | | Drug Test Given TEST NOT GIVEN | | Drug Test Type | | | Drug Test Results | | | | | |
| 5 | 001 | Drug Type | | | | | | | | | | |
| | | Individual Condition | | | | | | | | | | |
| | | APPEARED NORMAL | | | | | | | | | | |
| | 1 | Carrier | 5"5"5"5"5"5"5 | "8"8"8"8"8"8"8"8"8"8"8"8"8 | ·6·6·6·6·6· | \$'\$'\$'\$'\$'\$'\$\\$'\$'\$\\$ | ·'&'&'&'&'&'&'&'& | S'S'S'S'S | S15151515151515151515151515151515 | | | |
| | | Use Vehicle O | wner San | ne as Carrier | oriorioriorio | Source DRIVER | teriorie i e feriorie i | offorforforfor | nereneneneneretereterenenenenenen | | | |
| | | ********* | | | | Address | | | | | | |
| 9 | 10 | Name ARIFLEET LT | | | | 4001 LEADENHALL RD | | | | | | |
| | | USDOT# 282018 | MOUNT LAUREL, NJ 08054 , US | | | | | | | | | |
| | 8 | GVWR | Vehicle C | onfiguration | | Cargo Body Type | | | | | | |
| ⊨ | BUS | | | -UNIT TRUCK (2- | K (2-AXLE AND GVWR MORE THA VAN/ENCLOSED BOX | | | | | | | |
| UNIT | ¥ | US DOT# Carrier Ty | | pe TATE CARRIER | | | | Permitted Load | | | | |
| | 2 | 282018 | | | | | | | | | | |
| | TRUCK | OS/OW Load W! Permit | | Per | | ehicle On I Route | | | cle Required Permit | Escort Vehicle Present | | |
| | | Measured Height | Measu | ired Length | | Measured Width | | | Measured Weight | | | |
| | 40000000000000000000000000000000000000 | | | | | | | | l | | | |