

6TL0D6N02H
22-02171

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 22-02171		Investigating Officer/Deputy DEPUTY B. STODDARD	
Crash Date 03/08/2022		Crash Time 08:39 AM		Date Arrived 03/08/2022		Time Arrived 08:50 AM	
Date Notified 03/08/2022		Time Notified 08:39 AM		Total Units 02		Total Injured 01	Total Killed 00
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input checked="" type="checkbox"/> Lane Closure		<input type="checkbox"/> Work Zone		<input type="checkbox"/> Trailer or Towed	<input checked="" 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

<p>Diagram</p>	Reconstruction By
	Photos By NEUBAUER
	Additional Information NONE, PHOTOS

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

UNIT 1 WAS WESTBOUND ON CTH W. UNIT 2 WAS SOUTHBOUND ON STH 23. UNIT 1 OPERATOR STATED THAT HE DID NOT SEE UNIT 2 AND UNIT 1 CONTINUED WEST INTO THE INTERSECTION. UNITS 1 AND 2 COLLIDED. UNIT 1 SPUN WHEN STRUCK AND CAME TO REST FACING SOUTHEAST IN THE NORTHBOUND LANE OF STH 23. UNIT 2 AFTER THE COLLISION TRAVELED TO THE SOUTHWEST CORNER OF THE INTERSECTION AND TRAVELED INTO THE DITCH AND CAME TO REST FACING SOUTH ON THE WEST SHOULDER.

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Location

ON STH23 EB 8 FT S OF CTHW WB IN THE TOWN OF WESTFIELD IN SAUK COUNTY	Latitude 43.395572408	Longitude -90.036485353
	X Coordinate 254088.09375	Y Coordinate 4809223
	Structure Type	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 01 - ANGLE		Light Condition DAYLIGHT	
Road Surface Condition(s) DRY		Roadway Factor(s) NONE	
Environment Factor(s) NONE			
Weather Condition(s) CLEAR			
Animal Type		Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY		Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land		Access Control PARTIAL CONTROL	Special Study
Within Interchange Area NO	Junction Location INTERSECTION	Intersection Type FOUR-WAY INTERSECTION	
Closure Type CLOSURE-ONE DIRECTION		Reasons for Closure TOW TRUCK	
Date Initial Lane/Rd Closed 03/08/2022	Time Initial Lane/Rd Closed 08:39 AM		
Date All Lanes Open 03/08/2022	Time All Lanes Open 09:44 AM	Date Scene Cleared 03/08/2022	Time Scene Cleared 10:25 AM

Unit Summary

UNIT 01	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type TRUCK	
	Vehicle Type UTILITY TRUCK/PICKUP TRUCK				Operating As Endorsements	
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 1	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	Total Lanes 2	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control STOP SIGN		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat TRUCK OR TRUCK COMBINATION > 10,000LBS GVWR/GCWR					

Vehicle


01 01	License Plate Number 77842X	Plate Type LTK - LIGHT TRUCK	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 3C7WRNBL6HG683949	Make RAM	Year 2017	Model RAM

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UNIT VEHICLE	Color WHI - WHITE		Body Style PK - PICKUP	Bus Use		
	Initial Contact Point 02 - RIGHT SIDE FRONT		Vehicle Damage 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE, 04 - RIGHT SIDE REAR, 05 - RIGHT REAR CORNER, 06 - REAR, 10 - L			
	Extent Of Damage DISABLING DAMAGE					
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE				Vehicle Removed By SHIELDS TOWING	
	What Driver Was Doing GOING STRAIGHT				Vehicle Factors NOT APPLICABLE	
Driver Prior Action Other						
UNIT VEHICLE	Driver Actions FAILED TO YIELD RIGHT-OF-WAY					
	Owner Name INTERCON CONSTRUCTION TRUCKING INC (608) 850-4820		Owner Address 5512 STATE RD 19 AND 113 WAUNAKEE, WI 53597 , US			
UNIT VEHICLE	Sequence Of Events					
	Event MOTOR VEH IN TRANSPORT					
	Event					
	Event					
UNIT VEHICLE	Policy Holder					
	Insurance Company TRAVELERS-INDEMNITY-CO.-THE		Organization/Company INTERCON CONSTRUCTION TRUCKING INC			
UNIT INDIVIDUAL	Individual					
	Driver JEFFREY D WETTER (608) 642-3750		Citations Issued 1	Sex MALE		
	Date of Birth [REDACTED]		Race WHITE			
Address 743 KEEP ST DARLINGTON, WI 53530 , US		Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES				
UNIT VEHICLE	Safety Equipment		On Duty Crash			
	Safety Equipment SHOULDER & LAP BELT					
	Row 01 - FRONT ROW	Seat Position 07 - LEFT				
	Helmet Use		Helmet Compliance			
	Eye Protection		Tint Compliance			
UNIT VEHICLE	Injury		Injury Severity SUSPECTED MINOR INJURY			
	Airbag NON DEPLOYED					
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED			
Medical Transport EMS GROUND		EMS Agency Identifier 6001024	EMS Run#			

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Hospital REEDSBURG AREA MED CTR		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			
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			
Violations			
UTC Number BG110723	Issue To? 001	Statute Number 346.18(3)	Description FAIL/YIELD RIGHT/WAY FROM STOP SIGN
Carrier			
<input checked="" type="checkbox"/> Use Vehicle Owner Same as Carrier		Source VEHICLE-SIDE	
Name INTERCON CONSTRUCTION TRUCKING INC USDOT# 384485		Address 5512 STATE RD 19 AND 113 WAUNAKEE, WI 53597 , US	
GVWR 10,001-26,000 LBS	Vehicle Configuration SINGLE-UNIT TRUCK (2-AXLE AND GVWR MORE THA		Cargo Body Type OTHER
US DOT # 384485	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 B CLASS		Unit Type TRUCK
Vehicle Type STRAIGHT TRUCK (INSERT TRUCK)	Operating As Endorsements		

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UNIT
Total Occs: 1
Train/Bus # Recorded:
Total # Citations Issued: 0
Total Trailers: 0
Total HazMat Types: 0
Insurance?: YES
Direction Of Travel: SOUTHBOUND
Pre Crash Tire Mark:
Speed Limit: 55
Total Lanes: 2
Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT
Special Function: NO SPECIAL FUNCTION
Emergency Motor Vehicle Use: NOT APPLICABLE
Traffic Way: TWO-WAY, NOT DIVIDED
Traffic Control: NO CONTROL
Surface Type: BLACKTOP (BITUMINOUS)
Road Curvature: STRAIGHT
Road Grade: LEVEL
Truck Bus or HazMat: TRUCK OR TRUCK COMBINATION > 10,000LBS GVWR/GCWR

02 02 VEHICLE
License Plate Number: SB14443
Plate Type: HTK - HEAVY TRUCK
St: WI
Country of Issuance: UNITED STATES
Vehicle Identification Number: 5KKMBWDR8NLNK5674
Make: DAIMLER
Year: 2022
Model: STRAIGHT
Color: WHI - WHITE
Body Style: FB - FLATBED
Bus Use:
Initial Contact Point: 11 - LEFT FRONT CORNER
Vehicle Damage: 01 - RIGHT FRONT CORNER, 03 - RIGHT SIDE MIDDLE, 04 - RIGHT SIDE REAR, 08 - LEFT SIDE REAR, 09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRO
Extent Of Damage: DISABLING DAMAGE
Towed Due To Damage: TOWED DUE TO DISABLING DAMAGE
Vehicle Removed By: WAGNERS TOWING
What Driver Was Doing: GOING STRAIGHT
Vehicle Factors:
Driver Prior Action Other: NOT APPLICABLE
Driver Actions: NO CONTRIBUTING ACTION
Owner Name: TOWN & COUNTRY SANITATION INC (800) 626-1915
Owner Address: 101 N PARK PO BOX 7 BOSCOBEL, WI 53805, US

Sequence Of Events
01 Event: MOTOR VEH IN TRANSPORT
02 Event:
03 Event:
04 Event:

UNIT
Policy Holder
Insurance Company: SECURA-INS-CO
Organization/Company: TOWN & COUNTRY SANITATION INC

IT IDUAL
Individual
Driver: CRAIG GARY KOVARS (608) 485-0944
Citations Issued: 0
Sex: MALE
Date of Birth:
Race: WHITE

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UN	INDIV	Address 44485 CHILDS HOLLOW RD BOSCOBEL, WI 53805 , US		Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES			
		Safety Equipment		Safety Equipment			
02	002	On Duty Crash		SHOULDER & LAP BELT			
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	Helmet Compliance			
		Helmet Use		Tint Compliance			
		Eye Protection		Airbag NON DEPLOYED			
		Injury		Injury Severity NO APPARENT INJURY			
		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							
Action							
UNIT	INDIVIDUAL	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					
		Carrier					
		<input checked="" type="checkbox"/> Use Vehicle Owner Same as Carrier		Source VEHICLE-SIDE			
		Name TOWN & COUNTRY SANITATION INC USDOT# 495587		Address 101 N PARK PO BOX 7 BOSCOBEL, WI 53805 , US			

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UNIT	GVWR MORE THAN 26,000 LB		Vehicle Configuration SINGLE UNIT TRUCK (3 OR MORE AXLES)		Cargo Body Type FLATBED	
	US DOT # 495587		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		