

6TL0CBQ6QL
22-07134

WISCONSIN MOTOR VEHICLE
CRASH REPORT

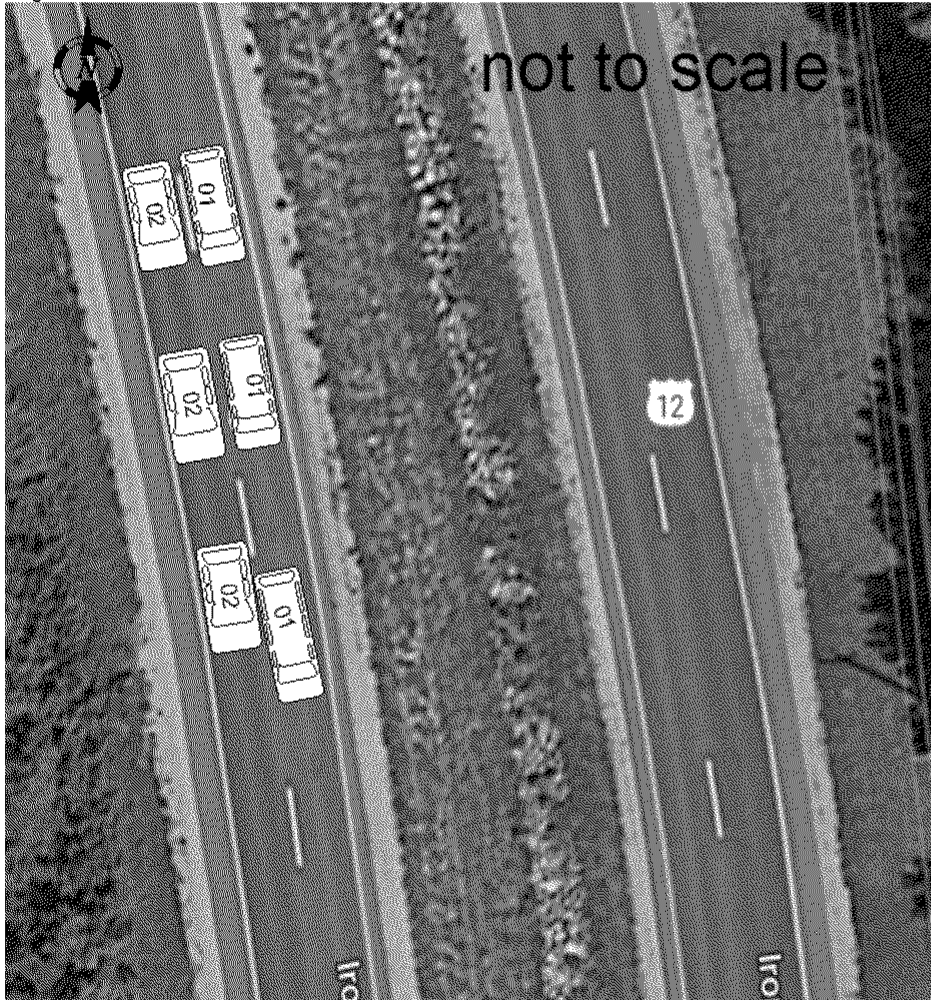
SAUK COUNTY SHERIFFS DEPARTMENT
1300 LANGE COURT
BARABOO, WI 53913
(608) 356-4895

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Document Number Override		Primary Crash Document#		Agency Crash Number 22-07134		Investigating Officer/Deputy DEPUTY A. JAHNKE	
Crash Date 07/23/2022		Crash Time 04:33 PM		Date Arrived 07/23/2022		Time Arrived 04:56 PM	
Date Notified 07/23/2022		Time Notified 04:40 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
DEPUTY A. JAHNKE #9182

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 TRAVELING EASTBOUND ON US HWY 12 IN THE LEFT LANE NEGOTIATING THE DOWNHILL CURVE. UNIT 2 WAS TRAVELING EASTBOUND ON US HWY 12 IN THE RIGHT LANE NEGOTIATING THE DOWNHILL CURVE. UNIT 1 TOOK OFF CRUISE CONTROL AND LOST SLIGHT CONTROL OF HIS BOAT TRAILER. UNIT 1 CROSSED THE CENTERLINE AND SIDE SWIPED UNIT 2 ON THE DOWNHILL. UNIT 1 AND UNIT 2 PULLED OVER AND EXCHANGED INFORMATION. UNIT 1 DRIVER ID BY IL DL AS THOMAS MAUHAR. UNIT 2 DRIVER ID BY WI DL AS HUAFU CHEN. NO INJURIES REPORTED BY ANY PARTIES. MINOR DAMAGE TO EACH UNIT. UNIT 1 SUSTAINED SCUFF MARKS ON THE PASSENGER REAR SIDE. UNIT 2 SUSTAINED SCUFF MARKS ON THE DRIVER FRONT RIM, DRIVER DOOR AND A DENT ON THE DRIVER WHEEL WELL. BOTH UNITS DRIVEABLE.

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OWNER	
	What Driver Was Doing NEGOTIATING CURVE		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions FAILED TO KEEP IN DESIGNATED LANE			
01 01	Owner Name THOMAS ANTHONY MAUHAR (217) 735-1180		Owner Address 137 10TH ST LINCOLN, IL 62656 , US	
	Sequence Of Events			
01 01	01	Event CROSS CENTERLINE		
	02	Event MOTOR VEH IN TRANSPORT		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company STATE-FARM-MUTUAL-AUTOMOBILE-INS-CO		Individual THOMAS MAUHAR	
UNIT TRAILER	Trailer/Towed			
	Trailer Plate #	Plate Type	Make ASST	State
01 01	Unit Type RECREATIONAL	Individual THOMAS ANTHONY MAUHAR (217) 735-1180		Address 137 10TH ST LINCOLN, IL 62656 , US
	Vehicle Identification Number			
UNIT INDIVIDUAL	Individual			
	Driver THOMAS ANTHONY MAUHAR (217) 735-1180		Citations Issued 0	Sex MALE
	Address 137 10TH ST LINCOLN, IL 62656 , US		Date of Birth [REDACTED]	Race WHITE
	Driver License Number [REDACTED]		STATE: ILLINOIS COUNTRY: UNITED STATES	
01 001	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	
Injury		Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED	
Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED	

WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT INDIVIDUAL	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				
	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					
UNIT INDIVIDUAL	Individual				
	Passenger BARBARA MAUHAR (217) 735-1180		Citations Issued 0	Sex FEMALE	
	Address 137 10TH ST LINCOLN, IL 62656 , US		Date of Birth [REDACTED]	Race WHITE	
	Driver License Number [REDACTED]		STATE: ILLINOIS COUNTRY: UNITED STATES		
UNIT INDIVIDUAL	Safety Equipment		On Duty Crash		
	Row 01 - FRONT ROW		Seat Position 09 - RIGHT	SHOULDER & LAP BELT	
	Helmet Use		Helmet Compliance		
	Eye Protection		Tint Compliance		
	Injury		Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED	
UNIT INDIVIDUAL	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED	
	Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run#	

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT INDIVIDUAL 01 002	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
	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						

Unit Summary

UNIT 02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR				Operating As Endorsements	
	Total Occs 4	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? UNKNOWN	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	Total Lanes 4	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way TWO-WAY, DIVIDED, UNPROTECTED (PAINTED > 4		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature CURVE RIGHT		Road Grade DOWNHILL	
	Truck Bus or HazMat NO					

Vehicle

UNIT 02	License Plate Number FCW974		Plate Type AUT - AUTOMOBILE	St MN	Country of Issuance UNITED STATES
	Vehicle Identification Number 1G1ZD5ST2MF044075		Make CHEVROLET	Year 2021	Model MALIBU
	Color BLK - BLACK		Body Style 4D - 4DR		Bus Use

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UNIT VEHICLE	Initial Contact Point 10 - LEFT SIDE FRONT	Vehicle Damage 11 - LEFT FRONT CORNER			
	Extent Of Damage MINOR DAMAGE				
	Towed Due To Damage NOT TOWED	Vehicle Removed By OWNER			
	What Driver Was Doing NEGOTIATING CURVE	Vehicle Factors NOT APPLICABLE			
	Driver Prior Action Other				
UNIT VEHICLE	Driver Actions NO CONTRIBUTING ACTION				
	Owner Name EAN HOLDINGS LLC		Owner Address 14002 E 21ST ST STE 1500 TULSA, OK 74134 , US		
02	02	Sequence Of Events			
UNIT INDIVIDUAL	01	Event MOTOR VEH IN TRANSPORT			
	02	Event			
	03	Event			
	04	Event			
UNIT INDIVIDUAL	Individual				
	Driver HUAFU CHEN (715) 614-2834		Citations Issued 0	Sex MALE	
	Address 33 W ONTARIO ST UNIT 51A CHICAGO, IL 60654 , US		Date of Birth [REDACTED]	Race ASIAN OR NATIVE HAWAIIAN OR OTHER PACIFIC ISLAN	
UNIT INDIVIDUAL	On Duty Crash		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
	Safety Equipment				
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT		
	Helmet Use		Helmet Compliance		
	Eye Protection		Tint Compliance		
	02	003	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)			

WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT INDIVIDUAL	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			
02 003	Drug Test Given TEST NOT GIVEN		Drug Test Type	
	Drug Test Results			
	Drug Type			
	Individual Condition APPEARED NORMAL			
	Individual			
	Passenger JOHN PAUL JUNA (630) 650-0071		Citations Issued 0	
			Sex MALE	
			Date of Birth [REDACTED]	
			Race WHITE	
	Address 401 HUNTER DR CAROL STREAM, IL 60188 , US		Driver License Number STATE: ILLINOIS COUNTRY: UNITED STATES	
UNIT INDIVIDUAL	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	
	02 004	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				

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UNIT INDIVIDUAL	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				
	UNIT INDIVIDUAL	Individual			
Passenger JACQUELINE S JUNA (630) 743-9444		Citations Issued 0	Sex FEMALE		
		Date of Birth [REDACTED]	Race WHITE		
Address 401 HUNTER DR CAROL STREAM, IL 60188 , US		Driver License Number [REDACTED] STATE: ILLINOIS COUNTRY: UNITED STATES			
Safety Equipment		On Duty Crash	Safety Equipment		
Row 02 - SECOND ROW		Seat Position 09 - RIGHT	SHOULDER & LAP BELT		
Helmet Use		Helmet Compliance			
Eye Protection		Tint Compliance			
UNIT INDIVIDUAL		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	

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UNIT INDIVIDUAL	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			
	Individual			
	Passenger LISA LOUISE JUNA (630) 292-9578	Citations Issued 0	Sex FEMALE	
Date of Birth [REDACTED]	Race WHITE			
Address 401 HUNTER DR CAROL STREAM, IL 60188 , US	Driver License Number [REDACTED] STATE: ILLINOIS COUNTRY: UNITED STATES			
UNIT INDIVIDUAL	Safety Equipment	On Duty Crash	Safety Equipment	
	Row 02 - SECOND ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT	
	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 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			

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UNIT INDIVIDUAL	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			
	02 006			