



6TL0B4X4QK

22-06973

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

## Location

ON RAMP USH12 EB 441 FT N OF USH12 EB IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude 43.52817795	Longitude -89.78738574
	X Coordinate 274755.8125	Y Coordinate 4823245.5
	Structure Type NO STRUCTURE	

## Crash Scene

First Harmful Event <b>DITCH</b>	First Harmful Event Location <b>SHOULDER LEFT</b>	
Manner of Collision <b>00 - NO COLLISION W/VEHICLE IN TRANSPORT</b>	Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>		
Weather Condition(s) <b>CLOUDY</b>		
Animal Type	Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>	Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land	Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>

## Unit Summary

UNIT 01	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>A CLASS</b>	Unit Type <b>TRUCK</b>		
	Vehicle Type <b>TRUCK TRACTOR (SEMI ATTACHED)</b>	Operating As Endorsements			
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>1</b>	Total HazMat Types <b>0</b>
	Insurance? <b>YES</b>	Direction Of Travel <b>EASTBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>65</b>	Total Lanes <b>4</b>
	Most Harmful Event: Collision With <b>OTHER NON-COLLISION</b>	Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>DIVIDED HWY W/O TRAFFIC BARRIER</b>	Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>CONCRETE</b>	Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>TRUCK OR TRUCK COMBINATION &gt; 10,000LBS GVWR/GCWR</b>				

## Vehicle

UNIT VEHICLE 01	License Plate Number <b>TS24848</b>	Plate Type <b>TOR - TRACTOR</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>1XP5DR8X3TN397614</b>	Make <b>PETERBILT MOTORS CO</b>	Year <b>1996</b>	Model
	Color <b>MAR - MAROON (BURGUNDY)</b>	Body Style <b>TR - TRAILER</b>		Bus Use
	Initial Contact Point <b>00 - NON-COLLISION</b>	Vehicle Damage  <b>00 - NO DAMAGE</b>		
Extent Of Damage <b>NO DAMAGE</b>				

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UNIT VEHICLE	Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OPERATOR</b>		
	What Driver Was Doing <b>CHANGING LANES</b>	Vehicle Factors		
	Driver Prior Action Other	<b>NOT APPLICABLE</b>		
	Driver Actions <b>LOOKED BUT DID NOT SEE</b>			
01 01	Owner Name <b>JACK MICHAEL HARRISON (608) 393-1888</b>	Owner Address <b>E13014 COUNTY ROAD U BARABOO, WI 53913 , US</b>		
	<b>Sequence Of Events</b>			
01 01	Event <b>OTHER NON-COLLISION</b>			
	Event			
	Event			
	Event			
UNIT 01	<b>Policy Holder</b>			
	Insurance Company <b>ACUITY,-A-MUTUAL-INSURANCE-CO</b>	Individual <b>JACK HARRISON</b>		
UNIT TRAILER 01	<b>Trailer/Towed</b>			
	Trailer Plate # <b>767136</b>	Plate Type <b>STL - SEMI</b>	Make <b>OTH</b>	State <b>WI</b>
	Country of Issuance <b>UNITED STATES</b>			
UNIT TRAILER 01	Unit Type <b>FULL TRAILER</b>	Individual <b>JACK MICHAEL HARRISON (608) 393-1888</b>		Address <b>E13014 COUNTY ROAD U BARABOO, WI 53913 , US</b>
	Vehicle Identification Number <b>5MADN35368C014561</b>			
UNIT INDIVIDUAL 01	<b>Individual</b>			
	Driver <b>JESSE JAMES HARRISON (608) 393-2369</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>	
		Date of Birth [REDACTED]	Race <b>WHITE</b>	
	Address <b>E13000 COUNTY ROAD U BARABOO, WI 53913 , US</b>	Driver License Number [REDACTED] <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
UNIT INDIVIDUAL 01	<b>Safety Equipment</b>		On Duty Crash	
	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>			
	Row <b>01 - FRONT ROW</b>	Seat Position		
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
01 001	<b>Injury</b>		Airbag	
	<b>NO APPARENT INJURY</b>		<b>NON DEPLOYED</b>	
01 001	Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		Trapped/Extricated <b>NOT TRAPPED</b>

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Medical Transport: NOT TRANSPORTED
EMS Agency Identifier:
EMS Run #:
Hospital:
Date of Death:
Time of Death:
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
Carrier:
Use Vehicle Owner Same as Carrier: [checked] Source: DRIVER
Name: JACK MICHAEL HARRISON USDOT# 763958 Address: E13014 COUNTY ROAD U BARABOO, WI 53913 , US
GVWR: MORE THAN 26,000 LB Vehicle Configuration: SINGLE UNIT TRUCK (3 OR MORE AXLES) Cargo Body Type: GRAIN/CHIPS/GRAVEL
US DOT #: 763958 Carrier Type: INTRASTATE CARRIER Permitted Load: NOT APPLICABLE
OS/OW Load: [ ] WI Permit Number: Permitted Vehicle On Permitted Route: [ ] Escort Vehicle Required By Permit: [ ] 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
Vehicle Type: PASSENGER VAN Operating As Endorsements:
Total Occs: 4 Train/Bus # Recorded: Total # Citations Issued: 0 Total Trailers: 0 Total HazMat Types: 0

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UNIT	Insurance? <b>YES</b>	Direction Of Travel <b>EASTBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>65</b>	Total Lanes <b>4</b>	
	Most Harmful Event Collision With <b>DITCH</b>		Special Function <b>NO SPECIAL FUNCTION</b>	Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>		
	Traffic Way <b>DIVIDED HWY W/O TRAFFIC BARRIER</b>		Traffic Control <b>NO CONTROL</b>	Traffic Control Inoperative/Missing <b>NO</b>		
	Surface Type <b>CONCRETE</b>		Road Curvature <b>STRAIGHT</b>	Road Grade <b>LEVEL</b>		
	Truck Bus or HazMat <b>NO</b>					

02 UNIT VEHICLE	<b>Vehicle</b>			
	License Plate Number <b>BAA791</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>MN</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>KNDMB5C17J6397783</b>	Make <b>KIA MOTORS CORPORAT</b>	Year <b>2018</b>	Model <b>SEDONA</b>
	Color <b>BLU - BLUE</b>	Body Style <b>VN - VAN</b>	Bus Use	
	Initial Contact Point <b>00 - NON-COLLISION</b>	Vehicle Damage <b>00 - NO DAMAGE</b>		
	Extent Of Damage <b>NO DAMAGE</b>			
	Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OPERATOR</b>		
	What Driver Was Doing <b>GOING STRAIGHT</b>	Vehicle Factors <b>NOT APPLICABLE</b>		
	Driver Prior Action Other			
	Driver Actions <b>RAN OFF ROADWAY</b>			
Owner Name <b>BRIAN PATRICK JONES</b>	Owner Address <b>107 E PLEASANT ST MANKATO, MN 56001 3824, US</b>			

01 02 03 04 UNIT VEHICLE	<b>Sequence Of Events</b>	
	Event <b>DITCH</b>	
	Event	
	Event	

01 UNIT	<b>Policy Holder</b>	
	Insurance Company <b>AMERICAN-FAMILY-INS-CO</b>	Individual <b>CHRISTIANNE JONES</b>

01 INDIVIDUAL	<b>Individual</b>	
	Driver <b>CHRISTIANNE CATHERINE JONES</b>	Citations Issued <b>0</b>
	Date of Birth <b>[REDACTED]</b>	Race

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UN	INDIV	Address 107 E PLEASANT ST MANKATO, MN 56001 3824, US		Driver License Number STATE: MINNESOTA COUNTRY: UNITED STATES			
		On Duty Crash		Safety Equipment			
02	002	<b>Safety Equipment</b>		SHOULDER & LAP BELT			
		Row 01 - FRONT ROW	Seat Position 07 - LEFT				
		Helmet Use		Helmet Compliance			
		Eye Protection		Tint Compliance			
		<b>Injury</b>		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		
		<b>Distracted By</b>		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)			
		Distracted By Action NOT DISTRACTED					
<b>Non Motorist</b>		Striking Unit#	Location				
Prior Action							
Action							
02	002	Action Other		To/From School			
		<b>Drug &amp; Alcohol</b>		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					
		<b>Individual</b>		Passenger PAULA ANN OVEN (320) 493-1865		Citations Issued 0	Sex FEMALE
				Date of Birth	Race		
		IT	IDUAL				

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UN INDIV	Address 2340 PHEASANT CT SAINT CLOUD, MN 56301 4615, US		Driver License Number [REDACTED] STATE: MINNESOTA COUNTRY: UNITED STATES		
	<b>Safety Equipment</b>		On Duty Crash		
	Row 01 - FRONT ROW		Seat Position 09 - RIGHT		
	Safety Equipment		SHOULDER & LAP BELT		
	Helmet Use		Helmet Compliance		
	Eye Protection		Tint Compliance		
	02 003	<b>Injury</b>		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					
<b>Distracted By</b>		Distracted By Source			
Distracted By Action					
UNIT INDIVIDUAL	<b>Non Motorist</b>		Striking Unit#		
	Location				
	Prior Action				
	Action				
	Action Other				
	To/From School				
	<b>Drug &amp; Alcohol</b>		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					
02 003	Drug Type				
	Individual Condition APPEARED NORMAL				
	<b>Individual</b>				
	Passenger GINA MARIE OSTROWSKI (320) 766-6785		Citations Issued 0		
Sex FEMALE		Race			
IT IDUAL	Date of Birth [REDACTED]				

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UN INDIV	Address 21653 RENO LAKE RD DEERWOOD, MN 56444 8548, US		Driver License Number [REDACTED] STATE: MINNESOTA COUNTRY: UNITED STATES		
	<b>Safety Equipment</b>		On Duty Crash		
	Row 02 - SECOND ROW		Seat Position 07 - LEFT		
	Safety Equipment		SHOULDER & LAP BELT		
	Helmet Use		Helmet Compliance		
	Eye Protection		Tint Compliance		
	02 004	<b>Injury</b>		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					
<b>Distracted By</b>		Distracted By Source			
Distracted By Action					
UNIT INDIVIDUAL	<b>Non Motorist</b>		Striking Unit#		
	Location				
	Prior Action				
	Action				
	Action Other		To/From School		
	<b>Drug &amp; Alcohol</b>		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					
02 004	Drug Type				
	Individual Condition APPEARED NORMAL				
	<b>Individual</b>				
	Passenger PAULETTE MARY CHURNESS (651) 263-9736		Citations Issued 0		
	Sex FEMALE		Race		
	Date of Birth [REDACTED]				
	IT IDUAL				



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UN INDIV	Address 18150 57TH AVE N PLYMOUTH, MN 55446 3876, US		Driver License Number [REDACTED] STATE: MINNESOTA COUNTRY: UNITED STATES		
	<b>Safety Equipment</b>		On Duty Crash		
	Row 02 - SECOND ROW		Seat Position 09 - RIGHT		
	Safety Equipment		SHOULDER & LAP BELT		
	Helmet Use		Helmet Compliance		
	Eye Protection		Tint Compliance		
	02 005	<b>Injury</b>		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					
<b>Distracted By</b>		Distracted By Source			
Distracted By Action					
UNIT INDIVIDUAL	<b>Non Motorist</b>		Striking Unit#		
	Location				
	Prior Action				
	Action				
	Action Other			To/From School	
	<b>Drug &amp; Alcohol</b>		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					
02 005	Drug Type				
	Individual Condition APPEARED NORMAL				