6TL0B4X4QK 22-06973

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 07/19/2022

	Document Number Override	ocument#				Investigating Officer/Deputy SERGEANT E. KNULL						
S	Crash Date 07/19/2022	Crash Time 01:10 PM			rived 2022	Time Arrived 01:25 PM						
ナ く ナ	Date Notified Time Notified 07/19/2022 01:10 PM			Total U 02	nits	Total Injured Total Killed 00		d				
בֿ ב	On Emergency Hit	and Run	Lane Closu		Work Zone	▼ Trailer	or Towed	Reporting Threshold				
	Government Property	Active Sch	ool Zone	NO NO	Bus Related	Tags						
	Reportable	Crash Type DT4000 (STAN	IDARD CRASH)		Amend	ded Secondary Crash					
	Description						Reconstruction	a Rv				
	Jugan						110001131100001	, sy				
							Photos By					
	no collision and	no damage										
							Additional Info NONE	rmation				
	i, a sworn law enforceme	nt officer, agree	e that I have no	ot adde	d any CJIS data in th	nis report.						
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report. BOTH UNITS EB ON USH 12. UNIT 1 IN RIGHT LANE ATTEMPTED TO MERGE INTO LEFT LANE AND DID NOT SEE UNIT 2. UNIT 2 AWARE AND MADE EVASIVE MANEUVER TO AVOID COLLISION. NEITHER VEHICLE MADE CONTACT WITH EITHER OTHER AND NO DAMAGE WAS OBSERVED. INFORMATIONAL REPORT COMPLETE.											

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	Location —									
	ON RAMP USH12 EB			Latit	tude		Longita			
	441 FT N OF USH12 EB			43.5	52817795		-89.78	738574		
	IN THE TOWN OF DELTC	ON			oordinate		Y Coor			
	IN SAUK COUNTY						48232	45.5		
					cture Type STRUCTURE					
	Crash Scene									
1	First Harmful Event			First	t Harmful Event L	ocation.				
	DITCH				OULDER LEFT					
	Manner of Collision			Ligh	nt Condition					
	00 - NO COLLISION W/VE	EHICLE IN TRANSPORT		DA	YLIGHT					
	Road Surface Condition(s)			Roa	idway Factor(s)					
	DRY									
	Environment Factor(s)			 						
	NONE			NO	NF					
	Weather Condition(s)									
	CLOUDY									
	Animal Type			Rela	ation To Trafficwa	ay				
				TRA	AFFICWAY - C	N ROAD				
	Crash Classification - Location	n		Crash Classification - Jurisdiction						
	PUBLIC PROPERTY				NO SPECIAL JURISDICTION					
	Tribal Land			1	ess Control CONTROL			Special Study		
	Within Interchange Area NO	Junction Location NON-JUNCTION		Intersection Typ						
İ	Unit Summary =									
	Unit Status		erating As Classif	ication	UnitType					
	IN TRANSIT		TRUCK							
0.1	Vehicle Type		Operating A			s Endors	ements			
_	TRUCK TRACTOR (SEMI	Train/Bus#Recorded	17.180		Total Tra	<u> </u>	T-4-111-	-1 1 - 1 T		
	Total Occs	Train/Bus#Recorded	Total#Citat	ions issued	1 otalira	lilers Total Ha		ziMat Types		
	Insurance?	Direction Of Travel	Pre	CrashTire	Speed Li			nes		
_	YES	EASTBOUND		Mark	65	4				
	Most Harmful Event: Collision		Special Fun	ction		Emergency				
_	OTHER NON-COLLISION					NOT APPI				
	Traffic Way	EIC BARRIER	Traffic Cont			1	rolinoper	ative/Missing		
	DIVIDED HWY W/O TRAF Surface Type	FIC BARRIER	Road Curva			NO Road Grade				
	CONCRETE		STRAIGH			LEVEL	•			
	Truck Bus or HazMat					1				
	TRUCK OR TRUCK COM	BINATION > 10,000LBS G	SVWR/GCWR							
	Vehicle ·····	TERRICERIO ERRICERIO ERRICERIO ERRICERIO						SISTAS KINGKISTASISTAKISTASISTASISTAS		
	License Plate Number		Plate Type		St Country of Issuan					
	TS24848		TOR - TR	ACTOR	WI					
5	Vehicle Identification Nu 1XP5DR8X3TN3976		Make	LT MOTORS (Year CO 1996	Model				
-	Color	**			1000	Bustise				
		1 .	Body Style But TR - TRAILER			Bus Use				
	MAR - MAROON (BU	JRGUNDY)	IR-IRA	ILER		1				
	Initial Contact Point	JRGUNDY)	Vehicle Da							
=	Initial Contact Point	<u> </u>	Vehicle Da	mage		1		7 8 9 10 11		
	Initial Contact Point	<u> </u>	Vehicle Da					7 8 9 10 11 6 12 5 4 3 2 1		

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Crash Date 07/19/2022

		Towed Due To Damage			I		emoved By						
		NOT TOWED What Driver Was Doing				OPERAT							
		CHANGING LANES				Vehicle F	actors						
		Driver Prior Action Other				NOT APPLICABLE							
		Driver Actions											
	щ	LOOKED BUT DID NO	OT SEE										
IN	₫												
\neg	VEHICLE												
		OwnerName JACK MICHAEL HAR	RISON			Owner Address E13014 COUNTY ROAD U							
2	5	(608) 393-1888					ABOO, WI 539						
		Sequence Of Eve Event	nts	Kerker		y							
	5	OTHER NON-COLLIS	ION										
	8	Event											
	03	Event											
		- Frank											
	8	Event											
⊨													
UNIT		Insurance Company ACUITY,-A-MUTUAL	INSUR/	NCE-	00	Individ	ual HARRISON						
10		Trailer Plate#	Plate Ty	эе	Make		State		Count	ry of Issuance			
٠		767136	STL - S	_	OTH /idual		WI			ED STATES			
╘	RAILER/	UnitType FULL TRAILER		JAC	CK MICHAEL HA	Address E13014 COUNTY ROAD U BARABOO, WI 53913, US			14 COUNTY ROAD U				
LINO.	RA	Vehicle Identification Nur 5MADN35368C01456		7(60)	3) 393-1888	BAKA			BAR	4BCC, W1 558 13 , US			
		ndividual	•	<u> </u>	2270270270270270270270270270270								
		Driver				Citations sued Sex							
	ď	JESSE JAMES HARF (608) 393-2369	RISON			0		MALE					
_		(444,444				Date o	f Birth	Race WHITE					
TN S	POMONI	Address				Drivert icense Number							
_	Z	E13000 COUNTY RO. BARABOO, WI 53913				STATE	E: WISCONSIN	COUNTR'	Y: UNI	TED STATES			
	Sat	ਾ ety Equipment	Duty Cra	ısh		Safety	Equipment						
		Row		SeatP	osition	SHOU	LDER & LAP	BELT					
		01 - FRONT ROW											
	HelmetUse						t Compliance						
		Eye Protection				TintCompliance							
_	_	lnj	ury Seve	ity		Airbag							
5	8	Injury N				NON	DEPLOYED						
		Ejected NOT EJECTED	1 -	ction P OT EJE	ath ECTED/NOT APP	LICABLI	E			Trapped/Extricated NOT TRAPPED			

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Crash Date 07/19/2022

		Medical Transport		EMSA	gency Identifier		EM	EMS Run#				
		NOT TRANSPORTED Hospital			Date of	F Death		Tim	e of Dea	ıth		
		nospilai			Date of	Deau		1111	ie oi Des	1111		
		Distracted By No.	acted By Source	E (NOT DIOTER)			•					
Distracted By NOT APPLICABLE (NOT DISTRACTED) Distracted By Action NOT DISTRACTED												
		Prior Action										
		Action										
	T											
	INDIWIDUAI											
LIND	II											
	ND											
		Action Other									To/From School	
		Acadis Casel									TON TOTAL CONSCI.	
	1	Drug & Alcohol NO	ected Alcohol U	lse	Suspe NO	cted Drug Use						
	•	Alcohol Test Given		Alcohol Test Type				Alco	ohol Tes	t Results		
		TEST NOT GIVEN		, weeken restrype				'	51,01,100	er (Could		
		Drug Test Given TEST NOT GIVEN		Drug Test Type			Drug Test Re	sults				
!	1	Drug Type										
5	001	Didg Type										
		Individual Condition										
		APPEARED NORMAL										
		AFFEARED NORWAL										
	l	Carrier										
		Use Vehicl	le Owner San	ne as Carrier	Source							
_		Name			DRIVER Address							
5	01	JACK MICHAEL H	ARRISON			E13014 COUN BARABOO, W						
		USDOT#763958				BARABOO, W	1 3 3 3 1 3 , G					
	S	GVWR	Vehicle Co	onfiguration			1	Cargo Boo	ју Туре			
╘	BUS	MORE THAN 26,000 LB	I	UNIT TRUCK (3	OR MO	RE AXLES)		GRAIN/C	HIPS/G	RAVEL		
LIND	X	US DOT# 763958	Carrier Ty	pe TATE CARRIER			1	Permitted NOT API		H E		
	TRUCK	Wi Pe	rmit Number		itted Ve	hicle On		/ehicle R				
	¥	OS/OW Load			rmitted	1		By Permi	t		scort Vehicle Present	
		Measured Height	Measu	red Length		Measured Width		Mea	sured W	/eight		
:	· · · · · ·											
		t Summary Status		IV	ehicle Or	perating As Classi	fication	Uni	tType			
		RANSIT			CLASS	-			TOMO	BILE		
02		cle Type					Operating As Endorsements					
)		SENGER VAN	Train/Bus#Re	corded Ιτ	otal#Cite	ations Issued	Total	Trailers		Total HazN	/atTvpes	
	4	, 0000		0		200110 100VTU	0			0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

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Crash Date 07/19/2022

		rance?	Direction Of Travel	Pre CrashTire		Speed Lim	it	Total L	anes	
TINO.	YES		EASTBOUND	Mark		65		4		
5	DIT			Special Function NO SPECIAL FUNCTIO	N		NOT APPL	LICABL	.E	
		fic Way IDED HWY W/O TRAFFIO	I	Fraffic Control NO CONTROL			Traffic Cont	rolinope	erative/Missing	
		асе Туре	1	Road Curvature Road Grad				•		
		NCRETE		STRAIGHT LEVEL						
	NO	ck Bus or HazMat								
		Vehicle			(nonen)			100000000		
		License Plate Number		Plate Type St			Country of Issuance			
		BAA791		AUT - AUTOMOBILE MN UNITED STATES						
02	8	Vehicle Identification Numb KNDMB5C17J6397783	I	Make KIA MOTORS CORPO	RAT		Model SEDONA			
		Color BLU - BLUE		Body Style VN - VAN			Bus Use			
	Щ	Initial Contact Point		Vehicle Damage					7 8 9 10 N	
UNIT	VEHICL	00 - NON-COLLISION Extent Of Damage		00 - NO DAMAGE					s 12	
-	3	NO DAMAGE							基 4 3 2 1	
		Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR							
		What Driver Was Doing		Vehicle Factors						
		GOING STRAIGHT Driver Prior Action Other		NOT APPLICABLE						
UNIT	VEHICLE	Driver Actions RAN OFF ROADWAY								
02	02	Owner Name BRIAN PATRICK JONE	ES	Owner Address 107 E PLEASANT ST MANKATO, MN 56001 3824, US						
		Sequence Of Even	ls							
	5	Event DITCH								
	8	Event								
	8	Event								
	73	Event								
_		Policy Holder			66786786786			(A) (A) (A) (A)		
UNIT		Insurance Company AMERICAN-FAMILY-IN	is-co	Individual CHRISTIANNE JON	ES		traitraitraitraitraitraitraitrai	***********	361321331321321321321321321321321321321321	
		Individual								
		Driver CHRISTIANNE CATHE	RINE JONES	Citations Issued 0	Sex FEM/	ALE				
	3		Date of Birth	Race						

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Crash Date 07/19/2022

3		Address			Driver License Number						
>		107 E PLEASANT ST									
		MANKATO, MN 56001 3824	i, US		STATE: MINNESOTA	COUNTRY: UN	ITED STATES				
		On Duty C	rash		Safety Equipment						
	Sai	ety Equipment									
		Row	Seat Position		SHOULDER & LAP E	BELT					
		01 - FRONT ROW	07 - LEFT								
		HelmetUse			Helmet Compliance						
		Eye Protection			TintCompliance	TintCompliance					
05	8	Injury Sev	erity		Airbag						
0	8	injury _{NO APP}	ARENT INJURY		NON DEPLOYED						
		Ejected E	jection Path		Trapped/Extricated						
	NOT EJECTED NOT EJECTED/NOT APPL				ICABLE.		NOT TRAPPED				
		Medical Transport		EMS Agency Identifier		EMS Run#					
		NOT TRANSPORTED									
		Hospital			Date of Death		Time of Death				
		Distracted Bu	By Source		·						
		Distracted By NOT APP Distracted By Action	PLICABLE (NOT DI								
		NOT DISTRACTED									
		Non Motorist	nit# Location								
		Prior Action									
		N - 12									
		Action									
١.	3										
IN	INDIVIDUAL										
5	2										
	Ź.										
		Action Other						To/From School			
		Drug & Alcohol NO	d Alcohol Use		Suspected Drug Use						
	•	Jiug & Alcohol NO			NO						
		Alcohol Test Given	Alcohol Te	st Type			Alcohol Test Results				
		TEST NOT GIVEN									
		Drug Test Given TEST NOT GIVEN	Drug Test 1	Type		Drug Test Results					
05	8	Drug Type									
_	9										
		Individual Condition									
		APPEARED NORMAL									
		Passenger			Citations Issued	Sex					
		PAULA ANN OVEN (320) 493-1865			0 FEMALE						
	DUAL	(023) 400-1000			Date of Birth	Race					
⊨	Ω										

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3	202	Address 2340 PHEASANT CT	40 PHEASANT CT								
		SAINT CLOUD, MN 56301	4615, US		STATE: MINNESOTA	COUNTRY: UN	ITED STATES				
	٠.	On Duty (Crash		Safety Equipment						
	Sai	ety Equipment .	<u> </u>	101	SHOULDER & LAP BELT						
		Row 01 - FRONT ROW	SeatPo 09 - Ri		ONOSESER G EAT SEE!						
		Helmet Use			Helmet Compliance						
		Eye Protection			Tint Compliance						
8	83	Injury Sev Injury NO APP	verity	JURY	Airbag NON DEPLOYED						
			Ejection Pa		111011011111111111111111111111111111111		Trapped/Extricated				
			CTED/NOT APPL			NOT TRAPPED					
		Medical Transport NOT TRANSPORTED			EMS Agency Identifier		EMS Run#				
		Hospital			Date of Death		Time of Death				
		Distracted By Distracted	d By Source								
		Distracted By Action									
		Non Motorist	Init#	Location							
		Prior Action									
		7 11011 01101									
		Action									
	Ħ										
TIN O	INDIVIDUAL										
ח	ş										
		Action Other						To/From School			
								, 5% (51) 551155			
	ı	Drug & Alcohol NO	d Alcohol U	se	Suspected Drug Use NO						
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type			Alcohol Test Results				
		Drug Test Given TEST NOT GIVEN		Drug TestType		Drug Test Results					
8	88	Drug Type									
		Individual Condition									
		APPEARED NORMAL									
		Passenger GINA MARIE OSTROWSKI			Citations issued 0	Sex FEMALE					
		(320) 766-6785			Date of Birth	Race					
⊨	0										

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5	Ž	Address 21653 RENO LAKE RD			Driver License Number					
	Z	DEERWOOD, MN 56444	8548, US		STATE: MINNESOT	A COUNTRY: UN	ITED STATES			
	Sa	On Dut fety Equipment	y Crash		Safety Equipment					
		Row	SeatPo		SHOULDER & LAP BELT					
		02 - SECOND ROW HelmetUse	07 - LE	FT	Helmet Compliance					
		Eye Protection			Tint Compliance					
8	78	Injury S Injury NO AF	Severity	i II IBV	Airbag NON DEPLOYED					
		Ejected	Ejection Par		NON DEPLOTED		Trapped/Extricated			
		NOT EJECTED	NOT EJEC	CTED/NOT APPL			NOT TRAPPED			
		Medical Transport NOT TRANSPORTED			EMS Agency Identifier		EMS Run#			
		Hospital			Date of Death		Time of Death			
		Distract	ted By Source)						
		Distracted By Distracted By Action								
		Distracted by Action								
		Non Motorist Striking	Unit#	Location						
		Prior Action		•						
		Action								
	INDIVIDUAL									
⊨	3									
N N	Ξ									
	Z									
		Action Other	Action Other					To/From School		
		I Drug & Alcohol NO	cted Alcohol U	ise	Suspected Drug Use					
		Alcohol Test Given		Alcohol Test Type	NO		Alcohol Test Results			
		TEST NOT GIVEN					Acoust Leath Goods			
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results				
02	8	Drug Type		•		1				
		Individual Condition								
		APPEARED NORMAL								
		Passenger PAULETTE MARY CHURI	NESS		Citations issued 0	Sex FEMALE				
		(651) 263-9736			Date of Birth	Race				
 						1				

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NS.	Address 18150 57TH AVE N PLYMOUTH, MN 55446 3876, US On Duty Crash			Driver License Number STATE: MINNESOTA COUNTRY: UNITED STATES					
	Sa	On Duty fety Equipment	Crash	Safety Equipment					
		Row 02 - SECOND ROW	Seat Position 09 - RIGHT	SHOULDER & LAP BELT					
		HelmetUse		Helmet Compliance					
		Eye Protection		Tint Compliance					
05	9		PARENT INJURY	Airbag NON DEPLOYED					
		8 -	Ejection Path NOT EJECTED/NOT APP	LICABLE		Trapped/Extricated NOT TRAPPED			
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run#			
		Hospital		Date of Death		Time of Death			
		Distracted By	ed By Source						
		Distracted By Action							
		Non Motorist	Unit# Location						
		Prior Action							
TINO	INDIVIDUAL	Action							
		Action Other					To/From School		
		Drug & Alcohol No	ed Alcohol Use	Suspected Drug Use NO					
		Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	Đ		Alcohol Test Results			
		Drug Test Given TEST NOT GIVEN	Drug TestType		Drug Test Results				
05	902	Drug Type							
		Individual Condition							
		APPEARED NORMAL							