

6TL092T5SG

Document Number Override		Primary Crash Document #		Agency Crash Number <b>22-13063</b>		Investigating Officer/Deputy <b>DEPUTY A. KING</b>	
Crash Date <b>12/31/2022</b>		Crash Time <b>08:30 PM</b>		Date Arrived <b>12/31/2022</b>		Time Arrived <b>08:37 PM</b>	
Date Notified <b>12/31/2022</b>		Time Notified <b>08:33 PM</b>		Total Units <b>02</b>		Total Injured <b>00</b>	Total Killed <b>00</b>
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input type="checkbox"/> Lane Closure	<input type="checkbox"/> Work Zone		<input type="checkbox"/> Trailer or Towed	<input type="checkbox"/> Reporting Threshold	
<input type="checkbox"/> Government Property		<input type="checkbox"/> Active School Zone		School Bus Related <b>NO</b>		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>				<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

**Description**

<p>Diagram</p> <p>Not to scale</p> <p>Unit 2 is a milk truck</p>	Reconstruction By
	Photos By <b>KING</b>
	Additional Information <b>PHOTOS</b>

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

U1 WAS TRAVELING WESTBOUND ON HY23 NEAR THE INTERSECTION OF CH WC WHEN THE OPERATOR STATED HE GOT NEAR THE CENTER LINE. THE OPERATOR OF U1 SAID THE SNOW/SLUSH PULLED HIS VEHICLE INTO THE OTHER LANE OF TRAFFIC AND RESULTED IN HIM STRIKING THE DROP WHEEL OF U2. U2 SAID HE WAS TRAVELING EASTBOUND ON HY23 WHEN HE WAS STRUCK BY U1 WHEN IT CROSSED THE CENTER LINE. U2 OPERATOR SAID U1 STRUCK THE DROP WHEEL OF THE MACK MILK HAULER. BOTH OPERATORS WERE UNINJURED AND THE VEHICLE'S WERE REMOVED FROM THE SCENE ON THEIR OWN.

**Location**

ON STH23 WB 93 FT S OF CTHWC WB IN THE TOWN OF SPRING GREEN IN SAUK COUNTY	Latitude <b>43.217441711</b>	Longitude <b>-90.072232564</b>
	X Coordinate <b>250464.609375</b>	Y Coordinate <b>4789545.5</b>
	Structure Type	

**Crash Scene**

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>01 - ANGLE</b>	Light Condition <b>DARK/UNLIT</b>	
Road Surface Condition(s) <b>SNOW, SLUSH</b>	Roadway Factor(s)  <b>ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC)</b>	
Environment Factor(s) <b>WEATHER CONDITIONS</b>		
Weather Condition(s) <b>SNOW</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**

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

**Vehicle**

<b>UNIT</b>	<b>VEHICLE</b>	License Plate Number <b>TA8837</b>	Plate Type <b>LTK - LIGHT TRUCK</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
		Vehicle Identification Number <b>1FTCR10A3RUA93202</b>	Make <b>FORD</b>	Year <b>1994</b>	Model <b>RANGER</b>	
		Color <b>GRY - GRAY</b>	Body Style <b>PK - PICKUP</b>		Bus Use	
		Initial Contact Point <b>10 - LEFT SIDE FRONT</b>	Vehicle Damage			
		Extent Of Damage <b>FUNCTIONAL DAMAGE</b>	<b>10 - LEFT SIDE FRONT</b>			



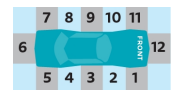
UNIT	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>		
	What Driver Was Doing <b>NEGOTIATING CURVE</b>		Vehicle Factors		
	Driver Prior Action Other		<b>NOT APPLICABLE</b>		
	Driver Actions <b>SPEED TOO FAST/COND</b>				
01	01	Owner Name <b>ERIC LAUFENBERG (608) 459-0166</b>		Owner Address <b>3879 CH C SPRING GREEN, WI 53588 , US</b>	
		<b>Sequence Of Events</b>			
UNIT	01	Event <b>MOTOR VEH IN TRANSPORT</b>			
		Event			
		Event			
		Event			
UNIT	01	<b>Policy Holder</b>			
		Insurance Company <b>PROGRESSIVE-CASUALTY-INS-CO</b>	Individual <b>ERIC LAUFENBERG</b>		
UNIT	01	<b>Individual</b>			
		Driver <b>ERIC LAUFENBERG (608) 459-0166</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>	
		Address <b>3879 CH C SPRING GREEN, WI 53588 , US</b>		Date of Birth	Race <b>WHITE</b>
		Driver License Number			
UNIT	01	<b>Safety Equipment</b>		On Duty Crash	
				Safety Equipment	
		Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	<b>SHOULDER &amp; LAP BELT</b>	
		Helmet Use		Helmet Compliance	
		Eye Protection		Tint Compliance	
UNIT	001	<b>Injury</b>		Airbag	
		<b>NO APPARENT INJURY</b>		<b>NON DEPLOYED</b>	
		Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		Trapped/Extricated <b>NOT TRAPPED</b>
		Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #
		Hospital		Date of Death	Time of Death
<b>Distracted By</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>			
<b>NOT DISTRACTED</b>		Distracted By Action <b>NOT DISTRACTED</b>			

<b>UNIT</b>	<b>INDIVIDUAL</b>	<b>Non Motorist</b>		Striking Unit #	Location		
		Prior Action					
		Action					
	Action Other					To/From School	
	<b>01</b>	<b>001</b>	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>	
			Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type	Alcohol Test Results	
			Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type	Drug Test Results	
			Drug Type				
			Individual Condition <b>APPEARED NORMAL</b>				

**Unit Summary**

<b>UNIT</b>	<b>02</b>	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>C CLASS</b>		Unit Type <b>TRUCK</b>		
		Vehicle Type <b>STRAIGHT TRUCK (INSERT TRUCK)</b>					Operating As Endorsements	
		Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>		
		Insurance? <b>YES</b>	Direction Of Travel <b>EASTBOUND</b>	<input type="checkbox"/> Pre Crash <input type="checkbox"/> Tire Mark	Speed Limit <b>55</b>	Total Lanes <b>2</b>		
		Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>			Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
		Traffic Way <b>TWO-WAY, NOT DIVIDED</b>			Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
		Surface Type <b>BLACKTOP (BITUMINOUS)</b>			Road Curvature <b>CURVE LEFT</b>		Road Grade <b>SAG(BOTTOM)</b>	
		Truck Bus or HazMat <b>TRUCK OR TRUCK COMBINATION &gt; 10,000LBS GVWR/GCWR</b>						

<b>UNIT</b>	<b>VEHICLE</b>	<b>Vehicle</b>				
		License Plate Number <b>TB7182</b>	Plate Type <b>HTK - HEAVY TRUCK</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
		Vehicle Identification Number <b>1M2GR4GC7MM024303</b>	Make <b>MACK</b>	Year <b>2021</b>	Model <b>GRANITE</b>	
		Color <b>RED - RED</b>	Body Style <b>ST - STAKE TRUCK</b>		Bus Use	
		Initial Contact Point <b>08 - LEFT SIDE REAR</b>	Vehicle Damage			
		Extent Of Damage <b>MINOR DAMAGE</b>	<b>08 - LEFT SIDE REAR</b>			
		Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OPERATOR</b>			



UNIT VEHICLE	What Driver Was Doing <b>NEGOTIATING CURVE</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>NO CONTRIBUTING ACTION</b>			
	Owner Name <b>HEMMERSBACH TRUCKING (608) 604-2996</b>		Owner Address <b>404 S HOWARD AVE MUSCODA, WI 53573 , US</b>	
02 02	<b>Sequence Of Events</b>			
	01	Event <b>MOTOR VEH IN TRANSPORT</b>		
	02	Event		
	03	Event		
04	Event			
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>SECURA-INS-CO</b>		Organization/Company <b>HEMMERSBACH TRUCKING</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>JEFFREY WRIGHT (608) 391-6290</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
	Address <b>1405 BEA ANN DR DODGEVILLE, WI 53533 , US</b>		Date of Birth	Race <b>WHITE</b>
			Driver License Number	
02 002	<b>Safety Equipment</b>		On Duty Crash	
			Safety Equipment	
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	<b>SHOULDER &amp; LAP BELT</b>	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>
Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		Trapped/Extricated <b>NOT TRAPPED</b>
Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier		EMS Run #
Hospital		Date of Death		Time of Death
<b>Distracted By</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>		
Distracted By Action <b>NOT DISTRACTED</b>				
<b>Non Motorist</b>		Striking Unit #	Location	

UNIT	INDIVIDUAL		Prior Action			
			Action			
			Action Other			To/From School
	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>		Suspected Drug Use <b>NO</b>	
			Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type		Alcohol Test Results
			Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results	
			Drug Type			
			Individual Condition <b>APPEARED NORMAL</b>			
			<b>Carrier</b>			
			<input type="checkbox"/> Use Vehicle Owner Same as Carrier		Source <b>DRIVER</b>	
02	002	01		Name <b>HEMMERSBACH TRUCKING USDOT# 2496618</b>		
				Address <b>404 S HOWARD AVE MUSCODA, WI 53573 , US</b>		
UNIT	TRUCK	BUS		GVWR <b>10,000 LBS OR LESS</b>		
				Vehicle Configuration <b>SINGLE-UNIT TRUCK (2-AXLE AND GVWR MORE THA</b>		
				Cargo Body Type <b>OTHER</b>		
				US DOT # <b>2496618</b>		
				Carrier Type <b>INTERSTATE CARRIER</b>		
		Permitted Load <b>NOT APPLICABLE</b>				
		<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	