

6TL0C22XZ4  
23-00846

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 23-00846		Investigating Officer/Deputy DEPUTY A. WILCOX	
Crash Date 01/26/2023		Crash Time 04:00 AM		Date Arrived 01/26/2023		Time Arrived 04:26 AM	
Date Notified 01/26/2023		Time Notified 04:07 AM		Total Units 02		Total Injured 03	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 checked="" 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 A. WILCOX
	Additional Information PHOTOS

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

ON 01/26/2023, I WAS DISPATCHED TO CTH DL AND YUM YUM HILL ROAD IN THE TOWN OF MERRIMAC FOR A TRAFFIC ACCIDENT. UPON MY ARRIVAL, I CTH DL TO ICY. I OBSERVED UNIT 2 IN THE DITCH ON THE NORTH SIDE OF THE ROAD, AND I OBSERVED UNIT 1 STUCK ON CTH DL IN THE LEFT LANE FACING ONCOMING TRAFFIC. UNIT 1 OPERATOR STATED SHE WAS TRAVELING EASTBOUND CTH DL WHEN UNIT 1 GOT STUCK ON THE HILL AND ENDED UP SLIDING INTO THE LEFT SIDE OF THE ROADWAY FACING ONCOMING TRAFFIC. UNIT 1 OPERATOR STATED SHE SAW UNIT 2 COMING DOWN THE HILL, UNABLE TO STOP AND UNIT 2 STRUCK HER VEHICLE HEAD-ON. UNIT 1 OPERATOR STATED UNIT 2 THEN CONTINUED DOWN THE HILL INTO THE DITCH. UNIT 1 OPERATOR STATED SHE AND HER PASSENGER DID NOT THINK THEY WERE INJURED, AND THEY DID NOT WANT EMS. UNIT 1 WAS REMOVED BY CRIAGS TOWING. UNIT 2 OPERATOR STATED HE WAS TRAVELING WESTBOUND ON CTH DL WHEN HE SAW UNIT 1 WAS IN THE LEFT LANE STUCK ON THE HILL FACING ONCOMING TRAFFIC. UNIT 2 OPERATOR STATED HE ATTEMPTED TO STOP UNIT 2 BUT WAS UNABLE TO. UNIT 2 HIT UNIT 1 HEAD-ON AND THEN CONTINUED UNTIL UNIT 2 ENTERED THE DITCH, STRIKING A TREE. UNIT 2 OPERATOR STATED HE EXITED UNIT 2 BEFORE HITTING UNIT 1 BECAUSE HE KNEW HE WAS UNABLE TO STOP UNIT 2 AND FEARED HE WOULD BE SERIOUSLY INJURED WHEN UNIT 2 ENTERED THE DITCH. UNIT 2 OPERATOR STATED HE WAS TRAVELING AT LOW SPEEDS DUE TO THE ROADWAY BEING ICY. UNIT 2 WAS REMOVED FROM THE DITCH WHEN THE ROAD CONDITIONS CLEARED UP.

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## Location

ON CTHDL WB 0.68 MI W OF YUMYUM HILL TRL IN THE TOWN OF MERRIMAC IN SAUK COUNTY	Latitude 43.409551872	Longitude -89.616260127
	X Coordinate 288170.53125	Y Coordinate 4809621
	Structure Type NO STRUCTURE	

## Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>02 - FRONT TO FRONT</b>	Light Condition <b>DARK/UNLIT</b>	
Road Surface Condition(s) <b>SNOW, ICE</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>
Closure Type <b>FULL CLOSURE</b>	Reasons for Closure <b>TOW TRUCK, WEATHER CONDITIONS</b>	
Date Initial Lane/Rd Closed <b>01/26/2023</b>	Time Initial Lane/Rd Closed <b>04:40 AM</b>	
Date All Lanes Open <b>01/26/2023</b>	Time All Lanes Open <b>05:34 AM</b>	Date Scene Cleared <b>01/26/2023</b>
		Time Scene Cleared <b>05:34 AM</b>

## Unit Summary

<b>UNIT 01</b>	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>AUTOMOBILE</b>		
	Vehicle Type <b>PASSENGER VAN</b>	Operating As Endorsements			
	Total Occs <b>2</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 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>STRAIGHT</b>	Road Grade <b>UPHILL</b>	
	Truck Bus or HazMat <b>NO</b>				

## Vehicle

<b>UNIT 01</b>	License Plate Number <b>JCT960</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>IA</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>2D4RN6DX4AR456015</b>	Make <b>DODGE</b>	Year <b>2010</b>	Model <b>CVN</b>

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UNIT VEHICLE	Color	RED - RED	Body Style	VN - VAN	Bus Use	
	Initial Contact Point	01 - RIGHT FRONT CORNER	Vehicle Damage		7 8 9 10 11 6 5 4 3 2 1	
	Extent Of Damage	DISABLING DAMAGE	01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE, 12 - FRONT			
	Towed Due To Damage	TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By CRAIGS TOWING			
	What Driver Was Doing	DISABLED OR PARKED IN TRAFFIC LANE	Vehicle Factors			
Driver Prior Action Other	NOT APPLICABLE					
UNIT VEHICLE	Driver Actions WRONG SIDE OR WRONG WAY					
	Owner Name	BENJAMIN MATSON SOMMAR (641) 840-9264		Owner Address 1800 W 4TH STREET NEWTON, IA 50208 , US		
UNIT VEHICLE	<b>Sequence Of Events</b>					
	Event	MOTOR VEH IN TRANSPORT				
	Event					
	Event					
UNIT VEHICLE	Event					
	Event					
	Event					
UNIT VEHICLE	<b>Policy Holder</b>					
	Insurance Company	PROGRESSIVE-CLASSIC-INS-CO		Individual BENJAMIN SOMMAR		
UNIT INDIVIDUAL	<b>Individual</b>					
	Driver	ALISSA MARIE BIRD (641) 840-9556		Citations Issued	0 SEX FEMALE	
				Date of Birth	[REDACTED] RACE WHITE	
	Address 324 E 5TH ST N NEWTON, IA 50208 , US		Driver License Number [REDACTED] STATE: IOWA COUNTRY: UNITED STATES			
UNIT INDIVIDUAL	<b>Safety Equipment</b>					
	On Duty Crash		Safety Equipment			
	Row	01 - FRONT ROW		Seat Position	07 - LEFT SHOULDER & LAP BELT	
	Helmet Use			Helmet Compliance		
	Eye Protection			Tint Compliance		
UNIT INDIVIDUAL	<b>Injury</b>		Injury Severity		Airbag	
	POSSIBLE INJURY				NON DEPLOYED	
	Ejected	NOT EJECTED		Ejection Path	NOT EJECTED/NOT APPLICABLE	
	Medical Transport		NOT TRANSPORTED		EMS Agency Identifier	EMS Run#
					Trapped/Extricated NOT TRAPPED	

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UNIT INDIVIDUAL	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					
	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	
UNIT INDIVIDUAL	Drug Type					
	Individual Condition APPEARED NORMAL					
	<b>Individual</b>					
	Passenger RONI AS SOMMAR		Citations Issued 0		Sex FEMALE	
			Date of Birth [REDACTED]		Race WHITE	
	Address 324 E 5TH ST N NEWTON, IA 50208 , US		Driver License Number			
	<b>Safety Equipment</b>		On Duty Crash		Safety Equipment	
	Row 01 - FRONT ROW		Seat Position 09 - RIGHT		SHOULDER & LAP BELT	
	Helmet Use		Helmet Compliance			
	Eye Protection		Tint Compliance			
UNIT INDIVIDUAL	<b>Injury</b>		Injury Severity POSSIBLE 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	

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<b>UNIT INDIVIDUAL</b>	<b>Distracted By</b> Distracted By Source	
	Distracted By Action	
	<b>Non Motorist</b>	Striking Unit # Location
	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>		

### Unit Summary

<b>UNIT 02</b>	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>TRUCK</b>	
	Vehicle Type <b>AGCMV (AG COMMERCIAL MOTOR VEHICLE)</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>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>STRAIGHT</b>	Road Grade <b>DOWNHILL</b>	
	Truck Bus or HazMat <b>TRUCK OR TRUCK COMBINATION &gt; 10,000LBS GVWR/GCWR</b>			

### Vehicle

<b>02 02</b>	License Plate Number <b>FS4954</b>	Plate Type <b>TOR - TRACTOR</b>	St <b>IA</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>3HSDZAPR3JN524468</b>	Make <b>INTERNATIONAL</b>	Year <b>2018</b>	Model <b>LT</b>
	Color <b>WHI - WHITE</b>	Body Style <b>DS - TRACTOR-TRUCK DIESEL</b>	Bus Use	
	Initial Contact Point <b>12 - FRONT</b>			

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UNIT VEHICLE	Vehicle Damage		01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE, 04 - RIGHT SIDE REAR, 09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRO		
	Extent Of Damage <b>DISABLING DAMAGE</b>		Vehicle Removed By <b>CRAIGS TOWING</b>		
	Towed Due To Damage <b>TOWED BUT NOT DUE TO DISABLING DAMAG</b>		Vehicle Factors <b>NOT APPLICABLE</b>		
	What Driver Was Doing <b>GOING STRAIGHT</b>		Driver Prior Action Other <b>NOT APPLICABLE</b>		
UNIT VEHICLE	Driver Actions <b>NO CONTRIBUTING ACTION</b>				
	Owner Name <b>X TRANS INC (319) 233-1549</b>		Owner Address <b>2558 KATE STREET WATERLOO, IA 50701 , US</b>		
UNIT VEHICLE	<b>Sequence Of Events</b>				
	Event	<b>MOTOR VEH IN TRANSPORT</b>			
	Event	<b>DITCH</b>			
	Event	<b>TREE</b>			
UNIT VEHICLE	Event				
	<b>Policy Holder</b>				
Insurance Company <b>AXIS-INSURANCE-COMPANY</b>		Organization/Company <b>X TRANS INC</b>			
UNIT TRAILER/	<b>Trailer/Towed</b>				
	Trailer Plate # <b>FP4099</b>	Plate Type <b>APO - APP</b>	Make <b>GDAN</b>	State <b>IA</b>	Country of issuance <b>UNITED STATES</b>
	Unit Type <b>SEMI TRAILER</b>	Organization/Company <b>C &amp; A TRANSPORT LLC</b>			Address <b>2540 W 9TH STREET WATERLOO, IA 50702 , US</b>
Vehicle Identification Number <b>1GRAA0628EB702823</b>					
UNIT INDIVIDUAL	<b>Individual</b>				
	Driver <b>ANTHONY BRYANT GRANT (229) 375-8267</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>	
	Address <b>1506 MADISON HEIGHTS DR VALDOSTA, GA 31601 6570, US</b>		Date of Birth <b>[REDACTED]</b>	Race <b>BLACK/AFRICAN AMERICAN</b>	
		Driver License Number <b>[REDACTED]</b>			
		<b>STATE: GEORGIA COUNTRY: UNITED STATES</b>			
UNIT INDIVIDUAL	<b>Safety Equipment</b>		On Duty Crash		
	Safety Equipment		<b>SHOULDER &amp; LAP BELT</b>		
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	Helmet Compliance		
	Helmet Use		Tint Compliance		
Eye Protection					

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02 003	003	<b>Injury</b>		Injury Severity <b>POSSIBLE 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		
		Prior Action					
		Action					
		Action Other				To/From School	
02 003	003	<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 checked="" type="checkbox"/> Use Vehicle Owner Same as Carrier			Source <b>LOG-BOOK</b>		
		Name <b>X TRANS INC USDOT# 1680133</b>			Address <b>2558 KATE STREET WATERLOO, IA 50701 , US</b>		
		GVWR <b>MORE THAN 26,000 LB</b>		Vehicle Configuration <b>TRUCK TRACTOR/SEMI-TRAILER</b>		Cargo Body Type <b>VAN/ENCLOSED BOX</b>	
		US DOT # <b>1680133</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							