WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override		1		Agency Crash Number 23-09562		Investigating Officer/Deputy DEPUTY J. MACASKILL			
NS	Crash Date 09/01/2023		Crash Time 11:50 AM		Date Arrived 09/01/2023		Time Arrived 12:39 PM			
J1 G	Date Notified 09/01/2023		Time Notified 11:53 AM		Total Units 02		Total Injured 00	,		
0B,	On Emergency Hit		t and Run Lane Closu		ure Work Zone		▼ Trailer or Towed		Reporting Threshold	
6TL	Government Property		Active Sc	hool Zone	School Bus Related NO		Tags			
			Crash Type DT4000 (STA	NDARD CRASH)		Amended		Secondary Crash	
İ	Description =									

Diagram

Reconstruction By

Photos By

Additional Information NONE

Not Drawn to Scale.

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

ON 9/1/23 AT APPROXIMATELY 1150, UNIT 1 WAS DRIVING SOUTHBOUND ON CTH H NEAR DROVERS PASS WHEN UNIT 1 LOST A DOUBLE WHEEL ASSEMBLY. UNIT 1 WAS ABLE TO SAFELY NEGOTIATE THE TRUCK TO THE SHOULDER OF THE ROAD. UNIT 2 WAS ALSO DRIVING SOUTHBOUND AND WHILE ATTEMPTING TO GO AROUND UNIT 1 AS IT WAS COMING TO A STOP. UNIT 2 STRUCK PART OF THE WHEEL ASSEMBLY THAT WAS IN THE SOUTHBOUND LANE AND CAUSED DAMAGE TO THE DRIVER SIDE OF THEIR VEHICLE AS WELL AS POPPING THE REAR DRIVER SIDE TIRE. UNIT 2 WAS ABLE TO NEGOTIATE OFF THE ROADWAY TO THE SHOULDER.

1 of 6

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Crash Time 11:50 AM

۱۵	cation									
	N CTHH SB				Latitude			Longiti	ude	
_	2 FT W				43.576564931			-89.960966197		
	F DROVERS PASS				X Coordin	ate		Y Coordinate		
	THE TOWN OF WINFIE	ELD			260919.9375				4829105	
IIN	SAUK COUNTY				Structure	Туре				
					NO STR	UCTURE				
Cra	ash Scene									
Fire	st Harmful Event			First Harmful Event Location						
	ARGO/EQUIPMENT LOS	SS OR SHIFT			ON ROA	DWAY				
	nner of Collision			Light Condition						
	- NO COLLISION W/VE		DAWN	F4/-\						
DF	ad Surface Condition(s)	Roadway	Factor(s)							
En	vironment Factor(s)				+					
	ONE				NONE					
We	eather Condition(s)				1					
	-EAR									
Ani	imal Type				Relation T	o Trafficwa	y			
					TRAFFIC	CWAY - OI	N ROAD			
Cra	ash Classification - Location				Crash Clas	Crash Classification - Jurisdiction				
	JBLIC PROPERTY				NO SPECIAL JURISDICTION			-		
Tril	bal Land		Access Control Special Study NO CONTROL			Special Study				
Wit	thin Interchange Area	Junction Location		Intersection					•	
NC)	NON-JUNCTION		NOT AN	INTERSE	CTION				
	it Summary 💻									
	it Status		-	_	Classification Unit Type					
	TRANSIT		A CLASS	A CLASS			TRUCK Operating As Endorsements			
	hicle Type RUCK TRACTOR (SEMI									
	tal Occs	Train/Bus # Recorded	Total # Citations Issue		1		0		azMat Types	
1		Discretion Of Travel	0							
	surance?	Direction Of Travel	Pre	Pre CrashTire		-		mit Total Lanes		
Mo	est Harmful Event: Collision	SOUTHBOUND	Special Fur	Mark		55		Emergency Motor Vehicle Use		
CA	ARGO/EQUIPMENT LOS		1 '	CIAL FUNC	CTION		NOT APPLICABLE			
	affic Way		Traffic Cont				Traffic Control Inoperative/Missing			
	VO-WAY, NOT DIVIDED		NO CONT				NO Peod Crade			
	rface Type _ACKTOP (BITUMINOU	S)	Road Curva				Road Grade LEVEL			
	uck Bus or HazMat	-	JUNAIGH				LLVEL			
		BINATION > 10,000LBS (SVWR/GCWR							
	Vehicle									
	License Plate Number		Plate Type			St	Country of Is			
	19586Z			PPORTION	NED	WI UNITED S		TATES		
5	Vehicle Identification Nur		Make	ON CTAP	Year 2020		Model			
2	5KKHAED12LPLX81 Color	3 0	Body Style				WSTR			
	GRY - GRAY		TK - TRU				Bus Use			
ш			Vehicle Da					T		
	00 - NON-COLLISION	N		=					7 8 9 10 11	
Ĭ	00 - NON-COLLISION Extent Of Damage			DAMAGE					6 2 2 12	
EHICL	NO DAMAGE	1						5 4 3 2 1		

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		Towed Due To Damage NOT TOWED				Vehicle Removed By OPERATOR					
		What Driver Was Doing				Vehicle Factors					
		GOING STRAIGHT									
		Driver Prior Action Other					NOT APPLICABLE				
		Driver Actions									
	щ	NO CONTRIBUTING									
LIND	길										
5	VEHICLE										
	>										
		Owner Name	Owner Address								
7	70	MEISTER LOG & LUMBER CO. (608) 524-4412					AUKANT ST SBURG, WI		2		
0	0	(606) 524-4412				KEEDS	BONG, WI	33333 , 0	3		
		Seguence Of Eve	nto								
		Sequence Of Event									
	01	CARGO/EQUIPMEN	T LOSS	OR SH	IFT						
	02	Event									
	03	Event									
		Front									
	04	Event									
╘	i	Policy Holder									
L N		Insurance Company PENNSYLVANIA-LU	e Company YLVANIA-LUMBERMENS-MUTUAL-INS-CO				ion/Company R LOG & LU	IMBER CO).		
	-	Trailer/Towed									
2		Trailer Plate #	Plate T	/pe	Make		State		Count	ry of Issuance	
0				•	Make		State		Count		
		KR4592	TRL -	TRAI	ROSA		WI		UNIT	ED STATES	
—	ER/	Unit Type	1	TRAI Orga		MBER CO.	WI		UNIT Addre		
LNC	AILER/		TRL -	TRAI Orga ME	ROSA anization/Company	MBER CO.	WI		Addre 1440	SS	
LIND	TRAILER/	Unit Type SEMI TRAILER	TRL -	TRAI Orga ME	ROSA anization/Company ISTER LOG & LUI	MBER CO.	WI		Addre 1440	ss Laukant St	
LNO		Unit Type SEMI TRAILER Vehicle Identification Nu	TRL -	TRAI Orga ME	ROSA anization/Company ISTER LOG & LUI	MBER CO.	WI		Addre 1440	ss Laukant St	
L		Unit Type SEMI TRAILER Vehicle Identification Nu 100300 Individual Driver	TRL -	TRAI Orga ME	ROSA anization/Company ISTER LOG & LUI	Citations I	wı	Sex	Addre 1440	ss Laukant St	
LND	AL	Unit Type SEMI TRAILER Vehicle Identification Nu 100300 Individual	TRL -	TRAI Orga ME	ROSA anization/Company ISTER LOG & LUI	Citations I	wi	MALE	Addre 1440	ss Laukant St	
occooped	AL	Unit Type SEMI TRAILER Vehicle Identification Nu 100300 Individual Driver RICHARD URBEN	TRL -	TRAI Orga ME	ROSA anization/Company ISTER LOG & LUI	Citations I	wi		Addre 1440	ss Laukant St	
occooped	AL	Unit Type SEMI TRAILER Vehicle Identification Nu 100300 Individual Driver RICHARD URBEN (608) 524-4412 Address	TRL -	TRAI Orga ME	ROSA anization/Company ISTER LOG & LUI	Citations I. 0 Date of Bil	wi	MALE Race	Addre 1440	ss Laukant St	
occooped		Unit Type SEMI TRAILER Vehicle Identification Nu 100300 Individual Driver RICHARD URBEN (608) 524-4412	TRL -	TRAI Orga ME	ROSA anization/Company ISTER LOG & LUI	Citations I 0 Date of Bi	ssued rth ense Number	MALE Race WHITE	UNIT Addre 1440 REEL	ss Laukant St	
TINO	AL	Unit Type SEMI TRAILER Vehicle Identification Nu 100300 Individual Driver RICHARD URBEN (608) 524-4412 Address 526 5TH ST	TRL -	TRAI Orga ME	ROSA anization/Company ISTER LOG & LUI	Citations I 0 Date of Bi	ssued rth ense Number	MALE Race WHITE	UNIT Addre 1440 REEL	ES LAUKANT ST DSBURG, WI 53959 , US	
occooped	INDIVIDUAL	Unit Type SEMI TRAILER Vehicle Identification Nu 100300 Individual Driver RICHARD URBEN (608) 524-4412 Address 526 5TH ST BARABOO, WI 5391	TRL -	Org ME (60)	ROSA anization/Company ISTER LOG & LUI	Citations I 0 Date of Bi	ssued rth ense Number	MALE Race WHITE	UNIT Addre 1440 REEL	ES LAUKANT ST DSBURG, WI 53959 , US	
occooped	INDIVIDUAL	Unit Type SEMI TRAILER Vehicle Identification Nu 100300 Individual Driver RICHARD URBEN (608) 524-4412 Address 526 5TH ST BARABOO, WI 5391	TRL -	Org. ME (60)	ROSA anization/Company ISTER LOG & LUI B) 524-4412	Citations I: 0 Date of Bii Driver Lice STATE: V	ssued rth ense Number WISCONSIN	MALE Race WHITE	UNIT Addre 1440 REEL	ES LAUKANT ST DSBURG, WI 53959 , US	
occooped	INDIVIDUAL	Unit Type SEMI TRAILER Vehicle Identification Nu 100300 Individual Driver RICHARD URBEN (608) 524-4412 Address 526 5TH ST BARABOO, WI 5391	TRL -	Org. ME (60)	ROSA anization/Company ISTER LOG & LUI B) 524-4412	Citations I: 0 Date of Bii Driver Lice STATE: V	ssued rth ense Number	MALE Race WHITE	UNIT Addre 1440 REEL	ES LAUKANT ST DSBURG, WI 53959 , US	
occooped	INDIVIDUAL	Unit Type SEMI TRAILER Vehicle Identification Nu 100300 Individual Driver RICHARD URBEN (608) 524-4412 Address 526 5TH ST BARABOO, WI 5391 Fety Equipment	TRL -	Org ME (600	ROSA anization/Company ISTER LOG & LUI B) 524-4412	Citations I: 0 Date of Bii Driver Lice STATE: V	ssued rth ense Number WISCONSIN	MALE Race WHITE	UNIT Addre 1440 REEL	ES LAUKANT ST DSBURG, WI 53959 , US	
occooped	INDIVIDUAL	Unit Type SEMI TRAILER Vehicle Identification Nu 100300 Individual Driver RICHARD URBEN (608) 524-4412 Address 526 5TH ST BARABOO, WI 5391 Fety Equipment Row 01 - FRONT ROW	TRL -	Org ME (600	ROSA anization/Company ISTER LOG & LUI B) 524-4412	Date of Bild Driver Lice STATE: N	ssued rth ense Number WISCONSIN uipment DER & LAP I	MALE Race WHITE	UNIT Addre 1440 REEL	ES LAUKANT ST DSBURG, WI 53959 , US	
occooped	INDIVIDUAL Safe	Unit Type SEMI TRAILER Vehicle Identification Nu 100300 Individual Driver RICHARD URBEN (608) 524-4412 Address 526 5TH ST BARABOO, WI 5391 Fety Equipment Row 01 - FRONT ROW Helmet Use	TRL -	rash Seat F	ROSA anization/Company ISTER LOG & LUI B) 524-4412	Citations I O Date of Bin Driver Lice STATE: N Safety Equ Helmet Co	ssued rth ense Number WISCONSIN uipment DER & LAP I	MALE Race WHITE	UNIT Addre 1440 REEL	ES LAUKANT ST DSBURG, WI 53959 , US	
occooped	INDIVIDUAL	Unit Type SEMI TRAILER Vehicle Identification Nu 100300 Individual Driver RICHARD URBEN (608) 524-4412 Address 526 5TH ST BARABOO, WI 5391 Fety Equipment Row 01 - FRONT ROW Helmet Use	TRL -	rity	ROSA anization/Company ISTER LOG & LUI B) 524-4412	Citations I 0 Date of Bin Driver Lice STATE: 1 Safety Equ SHOULE Helmet Co Tint Comp	ssued rth ense Number WISCONSIN uipment DER & LAP I	MALE Race WHITE	UNIT Addre 1440 REEL	ES LAUKANT ST DSBURG, WI 53959 , US	
LIND	INDIVIDUAL Safe	Unit Type SEMI TRAILER Vehicle Identification Nu 100300 Individual Driver RICHARD URBEN (608) 524-4412 Address 526 5TH ST BARABOO, WI 5391 Fety Equipment Row 01 - FRONT ROW Helmet Use	TRL - mber 3 , US n Duty Co	TRAI Org ME (60:	ROSA anization/Company ISTER LOG & LUI B) 524-4412 Position EFT	Citations I Date of Bi Driver Lice STATE: I Safety Equ SHOULE Helmet Co Tint Comp Airbag NON DE	ssued rth ense Number WISCONSIN uipment DER & LAP I pmpliance	MALE Race WHITE	UNIT Addre 1440 REEL	ES LAUKANT ST DSBURG, WI 53959 , US	

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		Medical Transport			EMS Agency Identifier EMS Run #							
		NOT TRANSPORTED				9,						
					Data	f Dooth		Time of Dea	th			
		Hospital			Date of Death Time of Death					XU1		
		Dist	tl D C									
		Distracted By NOT	acted By Source	: F (NOT DISTRAC	CTFD)							
Distracted By NOT APPLICABLE (NOT DISTRACTED) Distracted By Action												
		NOT DISTRACTED										
		Striki	ng Unit#	Location								
		Non Motorist										
		Prior Action										
		Action										
	A											
⊨ l	JC											
L N N												
ر ر	INDIVIDUAL											
	Z											
		A # 0#								I = /5		
		Action Other								To/From School		
		I Corne	4		10	-t- d David Hele						
	L	Drug & Alcohol NO	ected Alcohol U	se	NO	cted Drug Use						
	_			Al				AlaskalTask	. D 14 -			
		Alcohol Test Given	Alcohol Test Type	!		Alcohol Test	i Results					
		TEST NOT GIVEN		Drug Test Type		Drug Toot Booulto						
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results							
	_											
5	001	Drug Type										
		Individual Condition										
		ADDE ADED NORMAL										
		APPEARED NORMAL										
		Carrior										
		Carrier Source										
		Use Vehicl	le Owner San	ne as Carrier	VEHICLE-SIDE							
		Name			Address							
5	0	MEISTER LOG & L	UMBER C	Ο.	1440 LAUKANT ST							
		USDOT# 298080				REEDSBURG, WI 53959 , US						
	တ	GVWR	Vehicle Co	onfiguration L			Cargo Body Type					
⊢│	BUS	MORE THAN 26,000 LB	TRUCK	TRACTOR/SEMI-	TRAILE	≣R	L	OG TRUCK				
L N D		US DOT#	Carrier Ty	pe			P	ermitted Load				
ر ر	TRUCK	298080	INTRAST	TATE CARRIER								
	$\tilde{\mathbb{Z}}$	— WI Pe	ermit Number	Perm	itted Ve	ehicle On	Escort V	ehicle Require	d			
	Ĕ	OS/OW Load		L Pei	rmitted	Route		y Permit .	∐ -	scort Vehicle Present		
		Measured Height	Measu	red Length		Measured Width		Measured W	eight			
į	Unit	t Summary										
		Status		Ve	ehicle Op	perating As Classi	fication	Unit Type				
	IN T	RANSIT		D	CLASS	3		TRUCK				
~	Vehi	cle Type		I				Operating A	s Endorsem	ents		
02	UTII	LITY TRUCK/PICKUP TR	RUCK									
	Total	l Occs	Train/Bus # Re	corded To	otal # Cit	ations Issued	Total T	railers	Total HazN	lat Types		
	1			0			0		0			

6TL0BJ1GNS

23-09562

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			Direction Of Travel	Pre CrashTire	Speed L	ed Limit Total Lanes					
⊢	YES		SOUTHBOUND	Mark	55		2				
UNIT	Most Harmful Event: Collision With			Special Function NO SPECIAL FUNCT	ION		Emergency Motor Vehicle Use				
		RGO/EQUIPMENT LOSS	S OR SHIFT		ION		NOT APPLICABLE				
		fic Way		Traffic Control			rol Inoperative/Missing				
		O-WAY, NOT DIVIDED ace Type		NO CONTROL Road Curvature		NO Road Grade					
		ACKTOP (BITUMINOUS)	1	STRAIGHT		LEVEL	-				
		k Bus or HazMat		Ontaioni							
	NO										
	,	Vehicle									
		License Plate Number		Plate Type	St	Country of Is	suance				
		RM5842		LTK - LIGHT TRUCK	wı	UNITED S	TATES				
~		Vehicle Identification Numb	per	Make	Year	Model					
02	05	1C6SRFFT6LN310154		RAM	2020	1500					
		Color		Body Style		Bus Use					
		BLU - BLUE		PK - PICKUP							
_	۳	Initial Contact Point		Vehicle Damage			7 8 9 10 11				
UNIT	≌	08 - LEFT SIDE REAR Extent Of Damage		07 - LEFT REAR CO	RNER, 08 - LEF	T SIDE REAR					
5	VEHICL	FUNCTIONAL DAMAG	E	LEFT SIDE MIDDLE			5 4 3 2 1				
	>	Towed Due To Damage		Vehicle Removed By							
		NOT TOWED		OPERATOR							
		What Driver Was Doing		Vehicle Factors							
		GOING STRAIGHT									
		Driver Prior Action Other		NOT APPLICABLE							
		Driver Actions									
		Driver Actions NO CONTRIBUTING ACTION									
-	VEHICLE	NO CONTRIBUTING A	CHON								
UNIT	¥										
)	回										
		Owner Name		Owner Address							
02	07	KIMBERLEE ZIMMER! (920) 728-2533	MANN	N3525 TRIELOFF RD # 324 FORT ATKINSON, WI 53538 , US							
0	0	(920) 720-2333									
		Sequence Of Even	ts								
	5	Event CARGO/EQUIPMENT I	LOSS OR SHIFT								
		Event									
	02										
	~	Event									
	03										
	40	Event									
	0										
_		Policy Holder									
UNIT		Insurance Company		Individual							
_		STATE-FARM-GENER	AL-INS-CO	KIMBERLEE ZIMN	IERMANN						
		Individual									
		Driver	MANN	Citations Issued	Sex						
	7	KIMBERLEE ZIMMER! (920) 728-2533	WANN	0	FEMALE						
	IDUAL			Date of Birth	Race WHITE						
╘	₽										

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Crash Time 11:50 AM

Z	>	Address			Driver License Number						
n	INDIV					STATE: WISCONSIN COUNTRY: UNITED STATES					
	Sat	Safety Equipment On Duty Crash				Safety Equipment					
		Row 01 - FRONT ROW		Seat Position 07 - LEFT		SHOULDER & LAP BELT					
		Helmet Use				Helmet Compliance					
		Eye Protection				Tint Compliance					
05	005	Injury Severity NO APPARE				NON DEPLOYED					
		Ejected	_	Ejection Path				Trapped/Extricated			
		NOT EJECTED	N	OT EJEC	TED/NOT APPL			NOT TRAPPED			
		Medical Transport NOT TRANSPORTED)			EMS Agency Identifier		EMS Run #			
		Hospital				Date of Death		Time of Death			
		Distracted By NO	tracted E	By Source LICABLI	E (NOT DISTRAC	CTED)					
		Distracted By Action NOT DISTRACTED									
		Non Motorist	iking Uni	t #	Location						
		Prior Action									
		Action									
	JAL										
UNIT	INDIVIDUAL										
	IND										
		A 1' O'I							T		
		Action Other							To/From School		
	L	Drug & Alcohol No		Alcohol Us		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				
05	005	Drug Type									
		Individual Condition									
		APPEARED NORMAL	-								
l											