

6TL0D0GSL

Document Number Override		Primary Crash Document #		Agency Crash Number SC23-09661		Investigating Officer/Deputy DEPUTY G. AKERS	
Crash Date 09/03/2023		Crash Time 05:30 PM		Date Arrived 09/03/2023		Time Arrived 05:37 PM	
Date Notified 09/03/2023		Time Notified 05:31 PM		Total Units 02		Total Injured 00	Total Killed 00
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input type="checkbox"/> Lane Closure	<input type="checkbox"/> Work Zone	<input checked="" type="checkbox"/> Trailer or Towed		<input 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 GA
	Additional Information PHOTOS

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

V2 WAS IN THE ROUND ABOUT WHEN V1 BEGAN TO ENTER ON THE RIGHT SIDE OF V2. V2 IS AN OVERSIZED VEHICLE FOR A ROUNDABOUT AND HAS THE RIGHT OF WAY. NO INJURIES AND BOTH VEHICLES WERE REMOVED BY OPERATORS.. D1 CITED.

Location

ON USHL U WB 351 FT S OF USH12 WB IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude 43.557515428	Longitude -89.779292656
	X Coordinate 275518.78125	Y Coordinate 4826482
	Structure Type NO STRUCTURE	

Crash Scene

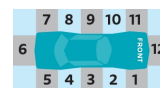
First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 07 - SIDESWIPE/SAME DIRECTION	Light Condition DAYLIGHT	
Road Surface Condition(s) DRY	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) CLEAR		
Animal Type	Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY	Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land	Access Control NO CONTROL	Special Study
Within Interchange Area YES	Junction Location INTERSECTION	Intersection Type ROUNDBOUT

Unit Summary

UNIT	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS		Unit Type TRUCK	
	Vehicle Type UTILITY TRUCK/PICKUP TRUCK	Operating As Endorsements			
	Total Occs 3	Train/Bus # Recorded	Total # Citations Issued 1	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel NORTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	Total Lanes 4
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT	Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way TWO-WAY, NOT DIVIDED	Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)	Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO				

Vehicle

UNIT	VEHICLE	License Plate Number RD5805	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
		Vehicle Identification Number 1D7HW48P27S144468	Make DODGE	Year 2007	Model DAKOTA	
		Color RED - RED	Body Style PK - PICKUP		Bus Use NOT A BUS	
		Initial Contact Point 11 - LEFT FRONT CORNER	Vehicle Damage 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT			
		Extent Of Damage MINOR DAMAGE				



WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR			
	What Driver Was Doing NEGOTIATING CURVE		Vehicle Factors			
	Driver Prior Action Other		NOT APPLICABLE			
	Driver Actions FAILED TO YIELD RIGHT-OF-WAY					
01	01	Owner Name JASON COGNAC (608) 780-8215		Owner Address 338 8TH ST BARABOO, WI 53913 , US		
		Sequence Of Events				
UNIT	01	Event MOTOR VEH IN TRANSPORT				
		Event				
		Event				
		Event				
UNIT	01	Policy Holder				
		Insurance Company OWNERS-INS-CO	Individual JASON COGNAC			
UNIT	01	Individual				
		Driver JASON COGNAC (608) 780-8215		Citations Issued 1	Sex MALE	
		Address 338 8TH ST BARABOO, WI 53913 , US		Date of Birth	Race WHITE	
		Driver License Number				
UNIT	001	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		
		Injury		Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED	
UNIT	001	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	
		Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		
		Distracted By Action NOT DISTRACTED				

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	INDIVIDUAL	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					
UNIT	INDIVIDUAL	Individual					
		Passenger CAMPBELL COGNAC (608) 780-3898		Citations Issued 0	Sex FEMALE		
		Date of Birth		Race WHITE			
		Address 6123 TIMBER OAKS RD HOKAH, MN 55941 , US		Driver License Number			
		Safety Equipment		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	Injury			
				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	
Distracted By				Distracted By Source			
Distracted By Action							
Non Motorist				Striking Unit #	Location		

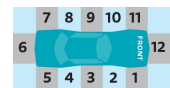
UNIT	Prior Action		
	Action		
	Action Other		To/From School
	Drug & Alcohol	Suspected Alcohol Use NO	Suspected Drug Use NO
	Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	Alcohol Test Results
	Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Results
	Drug Type		
	Individual Condition APPEARED NORMAL		
	Individual		
	Passenger KELLYN COGNAC (608) 780-3898	Citations Issued 0	Sex FEMALE
Address 6123 TIMBER OAKS RD HOKAH, MN 55941 , US	Date of Birth WHITE		
Driver License Number			
Safety Equipment	On Duty Crash	Safety Equipment SHOULDER & LAP BELT	
Row 02 - SECOND ROW	Seat Position 09 - RIGHT	Helmet Compliance	
Helmet Use	Tint Compliance		
Eye Protection	Airbag NON DEPLOYED		
Injury	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	
Distracted By	Distracted By Source		
Distracted By Action			
Non Motorist	Striking Unit #	Location	
Prior Action			

UNIT	INDIVIDUAL	Action				
		Action Other			To/From School	
	01	003	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			
	01	01	Violations			
			UTC Number BG945176	Issue To? 001	Statute Number 346.13(5)	Description FAIL/YIELD TO OVERSIZED VEHICLE IN ROUNDABOUT

Unit Summary

UNIT	02	Unit Status IN TRANSIT		Vehicle Operating As Classification A CLASS		Unit Type TRUCK	
		Vehicle Type TRUCK TRACTOR (SEMI ATTACHED)				Operating As Endorsements X - N/H	
		Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 1	Total HazMat Types 1	
		Insurance? YES	Direction Of Travel NORTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	Total Lanes 4	
		Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
		Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
		Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
		Truck Bus or HazMat VEHICLE DISPLAYING A HAZMAT PLACARD					

UNIT	VEHICLE	Vehicle			
		License Plate Number PWV5162	Plate Type APO - APPORTIONED	St OH	Country of Issuance UNITED STATES
		Vehicle Identification Number 1M1AN4GY4PM038407	Make MACK	Year 2023	Model ANTHEM
		Color WHI - WHITE	Body Style TC - TRACTOR		Bus Use
		Initial Contact Point 00 - NON-COLLISION	Vehicle Damage		
		Extent Of Damage NO DAMAGE	00 - NO DAMAGE		



WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
02	Owner Name KAG		Owner Address 4366 MT PLEASANT ST NW CANTON, OH 44720 , US	
	Sequence Of Events			
01 02 03 04	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
UNIT 02	Policy Holder			
	Insurance Company GREENWICH-INS-CO		Organization/Company KAG	
UNIT 02 TRAILER/	Trailer/Towed			
	Trailer Plate # P840986	Plate Type TRL - TRAI	Make POLA	State IN
	Country of Issuance UNITED STATES	Organization/Company KAG MERCHANT GAS GROUP LLC		Address 3006 NORTH RACEWAY RD INDIANAPOLIS, IN 46234 , US
UNIT INDIVIDUAL	Unit Type SEMI TRAILER		Vehicle Identification Number 1PMA2442945003985	
	Individual			
	Driver GERALD SCHALLER (920) 609-1883		Citations Issued 0	Sex MALE
	Address 5444 N TERRA DR MILTON, WI 53563 , US		Date of Birth	Race WHITE
02 004	On Duty Crash		Safety Equipment	
	Safety Equipment		SHOULDER & LAP BELT	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	Helmet Compliance	
	Helmet Use		Tint Compliance	
	Eye Protection		Airbag NON DEPLOYED	
	Injury		Injury Severity NO APPARENT INJURY	
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #	
	Hospital		Date of Death	Time of Death	
	Distracted By		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				
	Hazardous Material				
	HAZ 01	HazMat Class 3 COMBUSTIBLE LIQUID		HazMat UN # 1203	HazMat Released NO
HazMat Name 1203			HazMat Placard Displayed YES		