

6TL0F3SSFN

Document Number Override		Primary Crash Document #		Agency Crash Number 23-11099		Investigating Officer/Deputy DEPUTY A. KING	
Crash Date 10/13/2023		Crash Time 05:57 AM		Date Arrived 10/13/2023		Time Arrived 06:06 AM	
Date Notified 10/13/2023		Time Notified 05:58 AM		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> <p>Not to scale</p>	Reconstruction By
	Photos By
	Additional Information NONE

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

U2 WAS DRIVING EASTBOUND ON HY136, ENTERED THE ROUNDABOUT NEAR HY12 WHEN U1 WAS FOLLOWING U2 AND THEN ENTERED THE ROUNDABOUT. U2 OPERATOR SAID WHEN HE WAS IN THE RIGHT HAND LANE OF THE ROUNDABOUT WHEN U1 ENTERED THE ROUNDABOUT IN THE LEFT LANE. U2 OPERATOR SAID DUE TO HIM HAVING A FULL LENGTH TRAILER, NEEDS BOTH LANES TO NAVIGATE THE ROUNDABOUT. U2 SAID WHEN HE WAS WATCHING THE TRAILER IN THE MIRROR, HE SAW U1 ALSO IN THE ROUNDABOUT, U2 SAID HIS TRAILER SIDE SWIPE U1. U2 OPERATOR SAID HE HAS NO DAMAGE TO HIS TRUCK OR TRAILER. U1 OPERATOR SAID SHE THOUGHT THE SEMI WAS GOING FROM HY136 TO HY12. I ASKED U1 OPERATOR IF SHE SAW A BLINKER ON THE TRAILER. U1 OPERATOR SAID NO. U1 OPERATOR SAID SHE THEN CONTINUED THROUGH THE ROUNDABOUT AND THEN WAS SIDESWIPE BY THE TRAILER. U1 WAS RECEIVED A CITATION FOR FAILURE TO YIELD WITHIN A ROUNDABOUT. BOTH VEHICLE WERE REMOVED FROM THE SCENE BY THE OPERATOR. BOTH OPERATORS DENIED ANY INJURIES.

Location

ON STH33 EB 49 FT E OF STH136 EB IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY	Latitude 43.474578075	Longitude -89.776005112
	X Coordinate 275476.78125	Y Coordinate 4817262
	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 DARK/LIGHTED	
Road Surface Condition(s) WET		Roadway Factor(s) NONE	
Environment Factor(s) NONE			
Weather Condition(s) RAIN			
Animal Type		Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY		Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land		Access Control FULL CONTROL	Special Study
Within Interchange Area YES	Junction Location INTERSECTION	Intersection Type ROUNDBOUT	

Unit Summary

UNIT 01	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR				Operating As Endorsements	
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 1	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 35	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, DIVIDED, UNPROTECTED (PAINTED > 4		Traffic Control YIELD SIGN		Traffic Control Inoperative/Missing NO	
	Surface Type CONCRETE		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

Vehicle

UNIT 01 VEHICLE	License Plate Number AAL1720		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
	Vehicle Identification Number 1FM5K8D88FGC35594		Make FORD	Year 2015	Model EXPLORER X	
	Color BGE - BEIGE		Body Style LL - CARRYALL		Bus Use	
	Initial Contact Point 03 - RIGHT SIDE MIDDLE		Vehicle Damage 02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE, 04 - RIGHT SIDE REAR			
	Extent Of Damage FUNCTIONAL DAMAGE					



WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	Towed Due To Damage NOT TOWED		Vehicle Removed By OWNER		
	What Driver Was Doing OVERTAKE LEFT		Vehicle Factors		
	Driver Prior Action Other		NOT APPLICABLE		
	Driver Actions FAILED TO YIELD RIGHT-OF-WAY				
01	01	Owner Name JUDITH CLARK-MENTE (608) 963-4925		Owner Address S3884 MOUNTAIN RD BARABOO, WI 53913 , US	
		Sequence Of Events			
UNIT	01	Event MOTOR VEH IN TRANSPORT			
		Event			
		Event			
		Event			
UNIT	01	Policy Holder			
		Insurance Company 1ST-AUTO-&-CASUALTY-INS-CO	Individual JUDITH CLARK-MENTE		
UNIT	01	Individual			
		Driver JUDITH CLARK-MENTE (608) 963-4925		Citations Issued 1	Sex FEMALE
		Address S3884 MOUNTAIN RD BARABOO, WI 53913 , US		Date of Birth	Race WHITE
		Driver License Number			
UNIT	01	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			

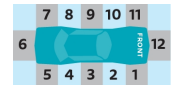
UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location		
		Prior Action					
		Action					
		Action Other					
		To/From School					
		Drug & Alcohol		Suspected Alcohol Use NO	Suspected Drug Use NO		
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type		Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results	
		Drug Type					
		Individual Condition APPEARED NORMAL					
01	001	Violations					
		UTC Number BK261426	Issue To? 001	Statute Number 346.18(8)(a)	Description FAIL TO YIELD RIGHT-OF-WAY 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	
		Total Occs 1	Train/Bus # Recorded		Total # Citations Issued 0	Total Trailers 1	Total HazMat Types 0	
		Insurance? YES	Direction Of Travel WESTBOUND		<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 35	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, DIVIDED, UNPROTECTED (PAINTED > 4		Traffic Control YIELD SIGN			Traffic Control Inoperative/Missing NO	
		Surface Type CONCRETE		Road Curvature STRAIGHT			Road Grade LEVEL	
		Truck Bus or HazMat TRUCK OR TRUCK COMBINATION > 10,000LBS GVWR/GCWR						

Vehicle

02	02	License Plate Number 28871Z		Plate Type APO - APPORTIONED	St WI	Country of Issuance UNITED STATES		
		Vehicle Identification Number 1XKAD49X89J248024		Make KENWORTH MOTOR TRU	Year 2009	Model SEMI		
		Color RED - RED		Body Style DS - TRACTOR-TRUCK DIESEL			Bus Use	
		Initial Contact Point 08 - LEFT SIDE REAR						



UNIT VEHICLE	Vehicle Damage	
	Extent Of Damage NO DAMAGE	00 - NO DAMAGE
	Towed Due To Damage NOT TOWED	Vehicle Removed By OWNER
	What Driver Was Doing GOING STRAIGHT	Vehicle Factors NOT APPLICABLE
UNIT VEHICLE	Driver Actions NO CONTRIBUTING ACTION	
	Owner Name TANNER LEMOINE (608) 434-0989	Owner Address S4085 STATE ROAD 136 ROCK SPRINGS, WI 53961 , US
Sequence Of Events		
UNIT VEHICLE	01	Event MOTOR VEH IN TRANSPORT
	02	Event
	03	Event
	04	Event
Policy Holder		
UNIT VEHICLE	Insurance Company GREAT-WEST-CASUALTY-CO	Individual TANNER LEMOINE
	Trailer/Towed	
UNIT TRAILER/	Trailer Plate # 823353	Plate Type STL - SEMI
	Make REIT	State WA
	Country of Issuance UNITED STATES	
	Unit Type SEMI TRAILER	Individual TANNER LEMOINE (608) 434-0989
	Vehicle Identification Number 1RNF53A23DR026202	Address S4085 STATE ROAD 136 ROCK SPRINGS, WI 53961 , US
Individual		
UNIT INDIVIDUAL	Driver TANNER LEMOINE (608) 434-0989	Citations Issued 0
		Sex MALE
		Date of Birth
		Race WHITE
	Address S4085 STATE ROAD 136 ROCK SPRINGS, WI 53961 , US	Driver License Number
Safety Equipment		Safety Equipment
On Duty Crash		SHOULDER & LAP BELT
Row 01 - FRONT ROW	Seat Position 07 - LEFT	
Helmet Use		Helmet Compliance
Eye Protection		Tint Compliance

02	002	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 NOT APPLICABLE (NOT DISTRACTED)			
		Distracted By Action NOT DISTRACTED					
		Non Motorist		Striking Unit #	Location		
		Prior Action					
		Action					
		UNIT	INDIVIDUAL	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							
Carrier							
<input type="checkbox"/> Use Vehicle Owner Same as Carrier				Source DRIVER			
Name D&M EXPRESS OF WISCONSIN USDOT# 728495				Address 435 US 14 PO BOX 39 LONE ROCK, WI 53556 , US			
GVWR 10,001-26,000 LBS				Vehicle Configuration SINGLE-UNIT TRUCK (2-AXLE AND GVWR MORE THA		Cargo Body Type FLATBED	
US DOT # 728495		Carrier Type INTRASTATE CARRIER		Permitted Load NOT APPLICABLE			
<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			
02	002						
UNIT	TRUCK BUS						
02	01						