



6TL0CX0QG5

26-02596

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

## Location

ON STH33 WB 0.44 MI S OF CTHU WB IN THE TOWN OF FAIRFIELD IN SAUK COUNTY	Latitude <b>43.496979321</b>	Longitude <b>-89.6341102</b>
	X Coordinate <b>287032.46875</b>	Y Coordinate <b>4819377</b>
	Structure Type <b>NO STRUCTURE</b>	

## Crash Scene

First Harmful Event <b>OTHER NON-COLLISION</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>00 - NO COLLISION W/VEHICLE IN TRANSPORT</b>	Light Condition <b>DARK/UNLIT</b>	
Road Surface Condition(s) <b>SNOW, SLUSH, ICE</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>WEATHER CONDITIONS</b>		
Weather Condition(s) <b>SNOW, SEVERE WINDS, FREEZING RAIN OR FREEZING DRIZZLE</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

UNIT 01	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>A CLASS</b>	Unit Type <b>TRUCK</b>		
	Vehicle Type <b>TRUCK TRACTOR (SEMI ATTACHED)</b>	Operating As Endorsements <b>T - DOUBLES/TRIPLES</b>			
	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>UNKNOWN</b>	Direction Of Travel <b>WESTBOUND</b>	<input type="checkbox"/> <b>Pre CrashTire Mark</b>	Speed Limit <b>55</b>	Total Lanes <b>2</b>
	Most Harmful Event: Collision With <b>OTHER NON-COLLISION</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>LEVEL</b>		
	Truck Bus or HazMat <b>TRUCK OR TRUCK COMBINATION &gt; 10,000LBS GVWR/GCWR</b>				

UNIT 01 VEHICLE	<b>Vehicle</b>			
	License Plate Number <b>A531946</b>	Plate Type <b>TOR</b>	St <b>MS</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>3ALXFB005GDHK1576</b>	Make <b>FRHT</b>	Year <b>2016</b>	Model <b>SEMI</b>
	Color <b>BLU - BLUE</b>	Body Style <b>TC - TRACTOR</b>	Bus Use	
	Initial Contact Point <b>00 - NON-COLLISION</b>	Vehicle Damage <b>00 - NO DAMAGE</b>		
Extent Of Damage <b>NO DAMAGE</b>				



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UNIT VEHICLE	Towed Due To Damage <b>TOWED BUT NOT DUE TO DISABLING DAMAG</b>		Vehicle Removed By <b>CRAIGS TOWING</b>			
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors			
	Driver Prior Action Other		<b>NOT APPLICABLE</b>			
	Driver Actions <b>NO CONTRIBUTING ACTION</b>					
01	01	Owner Name <b>TRUCKING LLC JKD</b>		Owner Address <b>1115 HIGHWAY 589 SEMINARY, 39479 ,</b>		
<b>Sequence Of Events</b>						
01	01	Event <b>RUN OFF ROADWAY RIGHT</b>				
02	02	Event <b>DITCH</b>				
03	03	Event				
04	04	Event				
<b>Trailer/Towed</b>						
UNIT TRAILER	01	Trailer Plate # <b>168913A</b>	Plate Type <b>STL</b>	Make <b>UNK</b>	State <b>MS</b>	Country of Issuance <b>UNITED STATES</b>
	01	Unit Type <b>SEMI TRAILER</b>	INDIVIDUAL <b>TRUCKING LLC JKD</b>		Address <b>1115 HIGHWAY 589 SEMINARY, 39479 ,</b>	
		Vehicle Identification Number <b>1UYVS253XL6997705</b>				
<b>Individual</b>						
UNIT INDIVIDUAL	01	DRIVER <b>DEON WILLIAMS</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>	
				Date of Birth	Race	
		Address <b>4251 OAK LAKE DR JACKSON, MS 39212 5370, US</b>		Driver License Number <b>STATE: MISSISSIPPI COUNTRY: UNITED STATES</b>		
<b>Safety Equipment</b>		On Duty Crash		Safety Equipment		
		Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	<b>RESTRAINT USE UNKNOWN</b>		
		Helmet Use		Helmet Compliance		
		Eye Protection		Tint Compliance		
01	001	<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	

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<b>UNIT</b>	<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	
	<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					
<b>01</b>	<b>001</b>	Individual Condition <b>APPEARED NORMAL</b>				
		<b>Carrier</b>				
		<input checked="" type="checkbox"/> Use Vehicle Owner Same as Carrier		Source <b>DRIVER</b>		
		Name <b>TRUCKING LLC JKD USDOT# 1489854</b>		Address <b>1115 HIGHWAY 589 SEMINARY, 39479 ,</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>1489854</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 Weight
		<b>UNIT</b>	<b>01</b>	<b>01</b>	<b>TRUCK</b>	<b>BUS</b>