

6TL092T5L4  
18-00454

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 <b>18-00454</b>	Investigating Officer/Deputy <b>DEPUTY J. KIRKENG</b>	
Crash Date <b>01/12/2018</b>		Crash Time <b>04:47 PM</b>	Date Arrived <b>01/12/2018</b>	Time Arrived <b>05:09 PM</b>	
Date Notified <b>01/12/2018</b>		Time Notified <b>04:48 PM</b>	Total Units <b>02</b>	Total Injured <b>00</b>	Total Killed <b>00</b>
<input type="checkbox"/> On Emergency	<input checked="" type="checkbox"/> Hit and Run	<input type="checkbox"/> Lane Closure	<input type="checkbox"/> Work Zone	<input type="checkbox"/> Trailer or Towed	<input type="checkbox"/> Reporting Threshold
<input type="checkbox"/> Government Property		<input type="checkbox"/> Active School Zone	School Bus Related <b>NO</b>	Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

Diagram	Reconstruction By
	Photos By
	Additional Information <b>NONE</b>

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

UNIT 1 WAS TRAVELING W/B ON USH 12. UNIT 2 LOST A PLASTIC CHILD'S SLED FROM THE BED OF ITS TRUCK WHICH THEN STRUCK THE PASSENGER SIDE OF UNIT 1 CAUSING MINOR DAMAGE. UNIT 2 CONTINUED ON.

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Location

ON USH12 WB 0.39 MI N OF LEHMAN RD IN THE TOWN OF BARABOO IN SAUK COUNTY	Latitude <b>43.429429416</b>	Longitude <b>-89.773468539</b>
	X Coordinate <b>275514.875</b>	Y Coordinate <b>4812240.5</b>
	Structure Type <b>NO STRUCTURE</b>	

Crash Scene

First Harmful Event <b>STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTIO</b>		First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>NO COLLISION W/VEHICLE IN TRANSPORT</b>		Light Condition <b>DUSK</b>	
Road Surface Condition(s) <b>DRY</b>		Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>			
Weather Condition(s) <b>CLEAR</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

<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 CAR</b>				Operating As Endorsements	
	Total Occs <b>1</b>	Train/Bus # Injured	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>WESTBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>55</b>	Total Lanes <b>4</b>	
	Most Harmful Event: Collision With <b>STRUCK BY FALLING, SHIFTING CARGO OR ANYT</b>			Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>
	Traffic Way <b>DIVIDED HWY W/O TRAFFIC BARRIER</b>			Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>
	Surface Type <b>CONCRETE</b>			Road Curvature <b>STRAIGHT</b>		Road Grade <b>UNKNOWN</b>
	Truck Bus or HazMat <b>NO</b>					

<b>UNIT 01</b>	<b>Vehicle</b>					
	License Plate Number <b>AAH9182</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
	Vehicle Identification Number <b>WBAWC33557PC86729</b>		Make <b>BMW</b>	Year <b>2007</b>	Model <b>328XI</b>	
	Color <b>BLK - BLACK</b>		Body Style <b>CP - COUPE</b>		Bus Use <b>NOT A BUS</b>	
	Initial Contact Point <b>1--RIGHT FRONT CORNER</b>		Vehicle Damage			
	Extent Of Damage <b>MINOR DAMAGE</b>		<b>1--RIGHT FRONT CORNER, 2--RIGHT SIDE FRONT</b>			

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UNIT	VEHICLE	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OWNER</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	Driver Distractions <b>UNKNOWN IF DISTRACTED</b>					
		Owner Name <b>JOSEPH BRYAN HODGE (608) 548-5515</b>		Owner Address <b>706 2ND MAIN ST ELROY, WI 53929 , US</b>			
<b>Sequence Of Events</b>							
UNIT	INDIVIDUAL	01	Event <b>STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY MOTOR VEHICLE</b>				
		02	Event				
		03	Event				
		04	Event				
<b>Policy Holder</b>							
UNIT	INDIVIDUAL	Insurance Company <b>AMERICAN-FAMILY-INS-CO</b>		Individual <b>JOSEPH HODGE</b>			
		Driver <b>JOSEPH BRYAN HODGE (608) 548-5515</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>		
		Address <b>706 2ND MAIN ST ELROY, WI 53929 , US</b>		Date of Birth [REDACTED]	Race <b>WHITE</b>		
				Driver License Number [REDACTED]		STATE: WISCONSIN COUNTRY: UNITED STATES	
01	001	<b>Equipment</b>		On Duty Crash			
		Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>			
		Helmet Use		Helmet Compliance			
		Eye Protection		Tint Compliance			
		<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 APPLICABL</b>		Trapped/Extricated <b>NOT TRAPPED</b>	

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UNIT           01           001	Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier		EMS Run #		
	Hospital	Date of Death		Time of Death		
	<b>Non Motorist</b>	Striking Unit #	Prior Action	Location		To/From School
	Action					
	Action Other					
	<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**

UNIT           02	Unit Status <b>HIT AND RUN</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>TRUCK</b>	
	Vehicle Type <b>UTILITY TRUCK/PICKUP TRUCK</b>				Operating As Endorsements	
	Total Occs <b>1</b>	Train/Bus # Injured	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>UNKNOWN</b>	Direction Of Travel <b>UNKNOWN</b>	<input type="checkbox"/> <b>Pre Crash Tire Mark</b>	Speed Limit	Total Lanes <b>4</b>	
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>		Special Function <b>UNKNOWN</b>		Emergency Motor Vehicle Use <b>UNKNOWN</b>	
	Traffic Way <b>UNKNOWN</b>		Traffic Control <b>UNKNOWN</b>		Traffic Control Inoperative/Missing <b>UNKNOWN</b>	
	Surface Type <b>UNKNOWN</b>		Road Curvature <b>UNKNOWN</b>		Road Grade <b>UNKNOWN</b>	
	Truck Bus or HazMat <b>NO</b>					

UNIT           02	VEHICLE           02	<b>Vehicle</b>				
		License Plate Number		Plate Type	St	Country of Issuance
		Vehicle Identification Number		Make	Year	Model
		Color		Body Style		Bus Use <b>NOT A BUS</b>
		Initial Contact Point <b>UNKNOWN</b>		Vehicle Damage		
		Extent Of Damage <b>UNKNOWN</b>		<b>UNKNOWN</b>		

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UNIT	VEHICLE	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>				
		What Driver Was Doing <b>UNKNOWN</b>		Vehicle Factors				
		Driver Prior Action Other		<b>UNKNOWN</b>				
		Driver Actions <b>UNKNOWN</b>						
		Driver Distractions <b>UNKNOWN IF DISTRACTED</b>						
02	02	Owner Name		Owner Address				
<b>Sequence Of Events</b>								
UNIT	INDIVIDUAL	02	002	01	Event <b>STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY MOTOR VEHICLE</b>			
				02	Event			
				03	Event			
				04	Event			
<b>Individual</b>								
UNIT	INDIVIDUAL	02	002	Driver		Citations Issued <b>0</b>	Sex	
						Date of Birth	Race	
				Address		Driver License Number		
				<b>Equipment</b>		On Duty Crash	Safety Equipment	
				Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>		<b>NONE USED - VEHICLE OCCUPANT</b>		
				Helmet Use		Helmet Compliance		
				Eye Protection		Tint Compliance		
				<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NOT APPLICABLE</b>	
				Ejected <b>NOT APPLICABLE</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABL</b>	Trapped/Extricated <b>NOT APPLICABLE</b>	
				Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #	

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<b>UNIT</b> <b>INDIVIDUAL</b>      <b>02</b> <b>002</b>	Hospital	Date of Death		Time of Death		
	<b>Non Motorist</b>	Striking Unit #	Prior Action	Location	To/From School	
	Action					
	Action Other					
	<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use		Suspected Drug Use		
	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>NOT OBSERVED</b>					