

6TL097RB1F  
18-01069

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>18-01069</b>		Investigating Officer/Deputy <b>DEPUTY H. WEINKE</b>		
Crash Date <b>01/30/2018</b>		Crash Time <b>08:32 AM</b>		Date Arrived <b>01/30/2018</b>		Time Arrived <b>08:54 AM</b>		
Date Notified <b>01/30/2018</b>		Time Notified <b>08:35 AM</b>		Total Units <b>02</b>		Total Injured <b>01</b>	Total Killed <b>00</b>	
<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 <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

<p>Diagram</p> <p>STH 33</p> <p>PRIVATE DRIVEWAY E2064</p> <p>#1</p> <p>#2</p> <p>NOT TO SCALE</p>	Reconstruction By
	Photos By <b>DEPUTY H.R.WEINKE</b>
	Additional Information <b>NONE, PHOTOS</b>

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

ON THE DESCRIBED DATE, TIME AND LOCATION, UNIT #1 WAS HEADING WEST BOUND ON STH33. UNIT #2 WAS HEADING SOUTH BOUND ON PRIVATE DRIVEWAY E2064. AT THIS TIME UNIT #2 ATTEMPTED TO ENTER ONTO THE HIGHWAY AND STRUCK UNIT #1, CAUSING DAMAGE TO FUEL TANK AND TOOLBOX. OPERATOR OF UNIT #2 TRANSPORTED TO REEDSBURG AREA MEDICAL CENTER FOR COMPLAINTS OF SORE NECK AND BACK, BY WONEWOC AMBULANCE. ASSISTED AT THE SCENE BY WONEWOC POLICE AND FIRE DEPARTMENT. OPERATOR #2 CLAIMS THAT SHE DIDN'T SEE UNIT #1 DUE TO BRIGHT SUNLIGHT IN HER EYES.

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Location

<b>ON E2064 EAST ST/ STH33 WB 498 FT W OF STRAWBRIDGE RD (HOUSE/BUILDING E2064)</b>  <b>IN THE TOWN OF WOODLAND IN SAUK COUNTY</b>	Latitude <b>43.640952987</b>	Longitude <b>-90.213789711</b>
	X Coordinate <b>240781.890625</b>	Y Coordinate <b>4837015.5</b>
	Structure Type <b>HOUSE/BUILDING</b>	

Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>08--FRONT TO SIDE</b>	Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>GLARE</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>DRIVEWAY ACCESS-RELATED</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>A CLASS</b>	Unit Type <b>TRUCK</b>		
	Vehicle Type <b>TRUCK TRACTOR (SEMI ATTACHED)</b>	Operating As Endorsements			
	Total Occs <b>1</b>	Train/Bus # Injured	Total # Citations Issued <b>0</b>	Total Trailers <b>1</b>	Total HazMat Types <b>0</b>
	Insurance? <b>YES</b>	Direction Of Travel <b>WESTBOUND</b>	<input checked="" type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>55</b>	Total Lanes <b>2</b>
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</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>CURVE RIGHT</b>	Road Grade <b>LEVEL</b>		
	Truck Bus or HazMat <b>TRUCK OR TRUCK COMBINATION &gt; 10,000LBS GVWR/GCWR</b>				

<b>UNIT 01 VEHICLE 01</b>	<b>Vehicle</b>			
	License Plate Number <b>11626X</b>	Plate Type <b>APO - APPORTIONED</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>1NPXGGGG60D354290</b>	Make <b>PETERBILT MOTORS CO</b>	Year <b>2015</b>	Model <b>PTBL</b>
	Color <b>BLU - BLUE</b>	Body Style <b>TC - TRACTOR</b>		Bus Use <b>NOT A BUS</b>
	Initial Contact Point <b>3--RIGHT SIDE MIDDLE</b>	Vehicle Damage		
	Extent Of Damage <b>FUNCTIONAL DAMAGE</b>	<b>3--RIGHT SIDE MIDDLE</b>		

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UNIT	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</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>			
	Driver Distractions <b>NOT DISTRACTED</b>			
01	01	Owner Name <b>JOSHUA A FRYE (608) 343-8424</b>		Owner Address <b>109 EAST ST PO BOX/6 KENDALL, WI 54638 , US</b>
<b>Sequence Of Events</b>				
	01	Event <b>MOTOR VEH IN TRANSPORT</b>		
	02	Event		
	03	Event		
	04	Event		
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>GREAT-WEST-CASUALTY-CO</b>		Individual <b>JOSHUA FRYE</b>	
UNIT TRAILER/ TOWED	<b>Trailer/Towed</b>			
	Trailer Plate # <b>729332</b>	Plate Type <b>STL - SEMI</b>	Make <b>MAC MANUFA</b>	State <b>WI</b>
	Unit Type <b>SEMI TRAILER</b>	Organization/Company <b>LINDEMANN HAULING INC (608) 547-5139</b>		Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>5MAPA4826HA038727</b>		Address <b>421 S MAIN ST PO BOX 10 ELROY, WI 53929 0010, US</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>JOSHUA A FRYE (608) 343-8424</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
	Address <b>109 EAST ST PO BOX/6 KENDALL, WI 54638 , US</b>		Date of Birth <b>[REDACTED]</b>	Race <b>WHITE</b>
			Driver License Number <b>[REDACTED]</b> <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
	<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>		

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01	UNIT INDIVIDUAL	001	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>		
		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				
001	001	Drug Type				
Individual Condition	<b>APPEARED NORMAL</b>					
<b>Carrier</b>						
01	01	<input checked="" type="checkbox"/> Use Vehicle Owner Same as Carrier	Source <b>DRIVER</b>			
Name <b>JOSHUA A FRYE</b> <b>USDOT# 1059359</b>	Address <b>109 EAST ST PO BOX/6</b> <b>KENDALL, WI 54638 , US</b>					
GVWR <b>MORE THAN 26,000 LB</b>	Vehicle Configuration <b>TRUCK TRACTOR/SEMI-TRAILER</b>		Cargo Body Type <b>FLATBED</b>			
US DOT # <b>1059359</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 Width	Measured Weight			

**Unit Summary**

02	Unit Status <b>IN TRANSIT</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	

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<b>UNIT</b>	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>SOUTHBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>N/A</b>	Total Lanes <b>2</b>		
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</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>NO</b>						
<b>UNIT</b>	<b>Vehicle</b>						
	<b>02</b>	<b>02</b>	License Plate Number <b>GM8288</b>	Plate Type <b>LTK - LIGHT TRUCK</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
			Vehicle Identification Number <b>1GTHK24U02E301847</b>	Make <b>GENERAL MOTORS COR</b>	Year <b>2002</b>	Model <b>SIERRA K25</b>	
	<b>VEHICLE</b>	<b>02</b>	Color <b>RED - RED</b>	Body Style <b>PK - PICKUP</b>		Bus Use <b>NOT A BUS</b>	
			Initial Contact Point <b>12--FRONT</b>	Vehicle Damage <b>1--RIGHT FRONT CORNER, 12--FRONT</b>			
			Extent Of Damage <b>DISABLING DAMAGE</b>				
			Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By			
	<b>VEHICLE</b>	<b>02</b>	What Driver Was Doing <b>ENTERING TRAFFIC LANE</b>	Vehicle Factors			
			Driver Prior Action Other	<b>NOT APPLICABLE</b>			
			Driver Actions <b>FAILED TO YIELD RIGHT-OF-WAY</b>				
<b>VEHICLE</b>	<b>02</b>	Driver Distractions <b>LOOKED BUT DID NOT SEE</b>					
		Owner Name <b>SHARON KAY LAUBSCHER (608) 547-6308</b>	Owner Address <b>E2064 HWY 33 WONEWOC, WI 53968 , US</b>				
<b>UNIT</b>	<b>Sequence Of Events</b>						
	<b>01</b>	Event <b>MOTOR VEH IN TRANSPORT</b>					
		Event					
	<b>02</b>	Event					
		Event					
<b>03</b>	Event						
	Event						
<b>04</b>	Event						
	Event						

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UNIT	<b>Policy Holder</b>							
	Insurance Company <b>BADGER-MUTUAL-INS-CO</b>			Individual <b>SHARON LAUBSCHER</b>				
UNIT	INDIVIDUAL	<b>Individual</b>						
		Driver <b>SHARON KAY LAUBSCHER (608) 547-6308</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>			
		Address <b>E2064 HWY 33 WONEWOC, WI 53968 , US</b>		Date of Birth [REDACTED]	Race <b>WHITE</b>			
		Driver License Number [REDACTED]		STATE: WISCONSIN COUNTRY: UNITED STATES				
	02	002	<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>SUSPECTED MINOR INJURY</b>		Airbag <b>DEPLOYED-FRONT</b>	
			Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABL</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				
UNIT	INDIVIDUAL	<b>Non Motorist</b>		Striking Unit #				
		Action		Prior Action				
		Action Other		Location				
				To/From School				
02	002	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>				
		Alcohol Test Given <b>TEST NOT GIVEN</b>		Suspected Drug Use <b>NO</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>								