

6TL0B655LT
18-01328

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 18-01328		Investigating Officer/Deputy DEPUTY M. RABATA	
Crash Date 02/05/2018		Crash Time 12:06 PM		Date Arrived 02/05/2018		Time Arrived 12:26 PM	
Date Notified 02/05/2018		Time Notified 12:15 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
	Additional Information NONE

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

UNIT 1 WAS TRAVELING EAST ON USH 12 AND EXITED ONTO THE OFFRAMP ONTO STH 136 INTO THE CITY OF BARABOO. UNIT 1 HAD FOLLOWED UNIT 2 A SEMI ONTO THE RAMP. AS UNIT 2 ENTERED THE ROUNDABOUT UNIT 1 ALSO ENTERED THE ROUNDABOUT AND CAME ALONG SIDE THE LEFT SIDE OF THE TRAILER.. UNIT 2 THEN REALIZED HE GOT OFF ON THE WRONG RAMP AND MERGED OVER TO THE LEFT TO EXIT BACK ONTO THE EXIT RAMP. UNIT 2 SIDESWIPE UNIT 1. OPERATOR OF UNIT 2 SAID IT WAS HIS FAULT AND NEVER SAW UNIT 1. OPERATOR OF UNIT 1 WAS ADVISED THAT THEY SHOULD NOT PASS A SEMI IN A ROUNDABOUT

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UNIT	VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By			
		What Driver Was Doing OVERTAKE LEFT		Vehicle Factors			
		Driver Prior Action Other		NOT APPLICABLE			
		Driver Actions IMPROPER OVERTAKING / PASSING RIGHT					
01	01	Driver Distractions NOT DISTRACTED					
		Owner Name HEATHER MARKS (608) 445-1796		Owner Address S5765 SEELEY LN NORTH FREEDOM, WI 53951 , US			
Sequence Of Events							
UNIT	INDIVIDUAL	01	Event MOTOR VEH IN TRANSPORT				
		02	Event				
		03	Event				
		04	Event				
Policy Holder							
UNIT	INDIVIDUAL	Insurance Company WISCONSIN-MUTUAL-INS-CO		Individual HEATHER MARKS			
		Driver HEATHER MARKS (608) 445-1796		Citations Issued 0	Sex FEMALE		
UNIT	INDIVIDUAL	Date of Birth		Race WHITE			
		Address S5765 SEELEY LN NORTH FREEDOM, WI 53951 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES			
01	001	Equipment		On Duty Crash			
		Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		Safety Equipment SHOULDER & LAP BELT			
		Helmet Use		Helmet Compliance			
		Eye Protection		Tint Compliance			
		Injury		Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED		
		Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABL		Trapped/Extricated NOT TRAPPED	

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UNIT 01 001	Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #		
	Hospital	Date of Death	Time of Death		
	Non Motorist	Striking Unit #	Prior Action	Location	To/From School
	Action				
	Action Other				
	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 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 # Injured	Total # Citations Issued 0	Total Trailers 1	Total HazMat Types 0
	Insurance? YES	Direction Of Travel SOUTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 35	Total Lanes 2
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT	Special Function NO SPECIAL FUNCTION	Emergency Motor Vehicle Use NOT APPLICABLE		
	Traffic Way ONE-WAY TRAFFIC	Traffic Control NO CONTROL	Traffic Control Inoperative/Missing NO		
	Surface Type CONCRETE	Road Curvature CURVE LEFT	Road Grade LEVEL		
	Truck Bus or HazMat TRUCK OR TRUCK COMBINATION > 10,000LBS GVWR/GCWR				

UNIT 02	Vehicle			
	License Plate Number 90AN1L	Plate Type APO - APPORTIONED	St MO	Country of Issuance UNITED STATES
	Vehicle Identification Number 1XPHD49X4BD121347	Make PETERBILT MOTORS CO	Year 2011	Model SEMI
	Color YEL - YELLOW	Body Style DS - TRACTOR-TRUCK DIESEL	Bus Use NOT A BUS	
	Initial Contact Point NON-COLLISION	Vehicle Damage		
	Extent Of Damage NO DAMAGE	NO DAMAGE		

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UNIT	Towed Due To Damage NOT TOWED		Vehicle Removed By		
	What Driver Was Doing CHANGING LANES		Vehicle Factors		
	Driver Prior Action Other		NOT APPLICABLE		
	Driver Actions FAILED TO KEEP IN DESIGNATED LANE				
02	Driver Distractions NOT DISTRACTED				
	Owner Name FEEDBUCKET EXPRESS INC (573) 594-2688			Owner Address 5001 AUDRAIN RD 549 VANDALIA, MO 63382 , US	
Sequence Of Events					
01	Event MOTOR VEH IN TRANSPORT				
	Event				
	Event				
	Event				
02	Policy Holder				
	Insurance Company GREAT-WEST-CASUALTY-CO			Organization/Company FEEDBUCKET EXPRESS INC	
02	Trailer/Towed				
	Trailer Plate # 1826PB	Plate Type STL - SEMI	Make GREAT DANE	State MO	Country of Issuance UNITED STATES
	Unit Type SEMI TRAILER	Organization/Company FEEDBUCKET EXPRESS INC (573) 594-2688			Address 5001 AUDRAIN RD 549 VANDALIA, MO 63382 , US
	Vehicle Identification Number 1GRAP0624BK214107				
UNIT	Individual				
	Driver REX HARPOLE (573) 795-0047		Citations Issued 0		Sex MALE
			Date of Birth		Race WHITE
	Address 416 W CENTENNIAL ST BOWLING GREEN, MO 63334 , US		Driver License Number STATE: MISSOURI COUNTRY: UNITED STATES		
UNIT	Equipment		On Duty Crash		
	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		Safety Equipment SHOULDER & LAP BELT		

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02	002	Helmet Use		Helmet Compliance			
		Eye Protection		Tint Compliance			
		Injury		Injury Severity NO APPARENT INJURY		Airbag NON DEPLOYED	
		Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABL		Trapped/Extricated NOT TRAPPED	
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #	
		Hospital		Date of Death		Time of Death	
		Non Motorist		Striking Unit #	Prior Action	Location	To/From School
		Action					
		Action Other					
		02	002	Drug & Alcohol		Suspected Alcohol 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 checked="" type="checkbox"/> Use Vehicle Owner Same as Carrier				Source LOG-BOOK			
Name FEEDBUCKET EXPRESS INC USDOT# 1001157				Address 5001 AUDRAIN RD 549 VANDALIA, MO 63382 , US			
GVWR MORE THAN 26,000 LB				Vehicle Configuration TRUCK TRACTOR/SEMI-TRAILER		Cargo Body Type VAN/ENCLOSED BOX	
US DOT # 1001157				Carrier Type INTERSTATE 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	