

6TL0BFKD8N
18-03559

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 18-03559		Investigating Officer/Deputy DEPUTY H. LARKIN	
Crash Date 04/08/2018		Crash Time 03:58 PM		Date Arrived 04/08/2018		Time Arrived 05:23 PM	
Date Notified 04/08/2018		Time Notified 05:23 PM		Total Units 01		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 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 EB ON USH 12 JUST SOUTH OF CTH PF. UNIT 1 OPERATOR OBSERVED A PALLET IN THE ROADWAY. UNIT 1 OPERATOR STRADDLED THE PALLET BETWEEN THE TIRES OF THE VEHICLE. OPERATOR NOTICED THE PALLET CAME OUT BEHIND THE VEHICLE IN PIECES. OPERATOR CONTINUED DRIVING. PRIOR TO OPERATOR RETURNING HOME HE BELIEVED A PIECE OF THE PALLET STRUCK HIS RADIATOR. NOTHING FURTHER.

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Location

ON USH12 EB 347 FT N OF SAUK PRAIRIE RD IN THE TOWN OF PRAIRIE DU SAC IN SAUK COUNTY	Latitude 43.282699001	Longitude -89.759054929
	X Coordinate 276142.40625	Y Coordinate 4795905.5
	Structure Type	

Crash Scene

First Harmful Event OTHER NON-COLLISION	First Harmful Event Location ON ROADWAY	
Manner of Collision NO COLLISION W/VEHICLE IN TRANSPORT	Light Condition DAYLIGHT	
Road Surface Condition(s) DRY	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) CLOUDY		
Animal Type	Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY	Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land	Access Control NO CONTROL	Special Study
Within Interchange Area NO	Junction Location NON-JUNCTION	Intersection Type NOT AN INTERSECTION

Unit Summary

01 UNIT	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR	Operating As Endorsements			
	Total Occs 3	Train/Bus # Injured	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	Total Lanes 2
	Most Harmful Event: Collision With OTHER NON-COLLISION	Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way TWO-WAY, NOT DIVIDED	Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)	Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO				

01 UNIT	01 VEHICLE	Vehicle			
		License Plate Number 799MJJ	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number KNDUP131536397908	Make KIA MOTORS CORPORA	Year 2003	Model SEDONA EX/
		Color WHI - WHITE	Body Style VN - VAN		Bus Use NOT A BUS
		Initial Contact Point UNDERCARRIAGE	Vehicle Damage UNDERCARRIAGE		
	Extent Of Damage FUNCTIONAL DAMAGE				

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UNIT	VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR		
		What Driver Was Doing GOING STRAIGHT		Vehicle Factors		
		Driver Prior Action Other		NOT APPLICABLE		
		Driver Actions NO CONTRIBUTING ACTION				
01	01	Driver Distractions NOT DISTRACTED				
		Owner Name HENRY FLOGEL		Owner Address 10477 W MIDLAND RD MAZOMANIE, WI 53560 , US		
Sequence Of Events						
UNIT	INDIVIDUAL	01	Event OTHER NON-COLLISION			
		02	Event			
		03	Event			
		04	Event			
Policy Holder						
UNIT	INDIVIDUAL	Insurance Company HASTINGS-MUTUAL-INS-CO		Individual HENRY FLOGEL		
		Driver HENRY FLOGEL		Citations Issued 0	Sex MALE	
UNIT	INDIVIDUAL	Date of Birth		Race WHITE		
		Address 10477 W MIDLAND RD MAZOMANIE, WI 53560 , 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 INDIVIDUAL	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			
UNIT INDIVIDUAL	Individual Condition NOT OBSERVED			
	Individual			
	Passenger DOLORES FLOGEL	Citations Issued 0	Sex FEMALE	
	Date of Birth		Race WHITE	
	Address 10477 MIDLAND RD MAZOMANIE, WI 53560 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
	Equipment	On Duty Crash	Safety Equipment	
	Seat Position 3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER	SHOULDER & LAP BELT		
	Helmet Use	Helmet Compliance		
	Eye Protection	Tint Compliance		
	UNIT INDIVIDUAL	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				

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UNIT 01	INDIVIDUAL	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 NOT OBSERVED				
		Individual				
		Passenger CLETUS FLOGEL	Citations Issued 0	Sex MALE		
			Date of Birth	Race WHITE		
UNIT 01	INDIVIDUAL	Address 620 BOWERS BLVD APT 3 DELAVAN, WI 53115 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES			
		Equipment	On Duty Crash	Safety Equipment SHOULDER & LAP BELT		
		Seat Position 4--SECOND SEAT-LEFT SIDE(MOTORCYCLE/BI				
		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

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UNIT	INDIVIDUAL	Action			
		Action Other			
	01	003	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, NOT OBSERVED		