#### 6TL0BK8HJT

18-03821

## WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| Document Number Override                                | Primary Crash Document #  Crash Time 10:45 AM  Time Notified |             | Agency Crash Number<br>18-03821 |                         |                 | Investigating Officer/Deputy DETECTIVE T. LOHR |                        |  |
|---|--|-------------|---------------------------------|-------------------------|-----------------|--|------------------------|--|
| Crash Date <b>04/16/2018</b>                            |  |             | Date Arriv                      |                         | Time Arrive     | Time Arrived                                   |                        |  |
| Date Notified   |  |             | <b>04/16/2018</b> Total Units   |                         | Total Injured   | 10:59 AM  Total Injured Total Killed           |                        |  |
| 04/16/2018  | 10:48 AM   |             | 01                              |                         | 00              | 00   |                        |  |
| On Emergency  | lit and Run  | Lane Closu  | ure                             | Work Zone               | Traile          | r or Towed                                     |                        |  |
| Government Property                                     | Active Sci   | hool Zone   | School B                        | us Related              | Tags            |  |                        |  |
| Reportable  | Crash Type DT4000 (STAI                                      | NDARD CRASH | <del>1</del> )                  |                         | Amen            | ded  | Secondary Crash        |  |
| escription <b>——</b>                                    | •  |             |                                 |                         | ·               |  |                        |  |
| Diagram   |  |             |                                 |                         |                 | Reconstructio                                  | n By                   |  |
| slide off, no damage                                    |  |             |                                 |                         |                 |  |                        |  |
| side on, no damage                                      |  |             |                                 |                         |                 | Photos By                                      | _                      |  |
|   |  |             |                                 |                         |                 |  |                        |  |
|   |  |             |                                 |                         |                 |  |                        |  |
|   |  |             |                                 |                         |                 | Additional Info                                | ormation               |  |
|   |  |             |                                 |                         |                 | NONE   |                        |  |
|   |  |             |                                 |                         |                 |  |                        |  |
|   |  |             |                                 |                         |                 |  |                        |  |
|   |  |             |                                 |                         |                 |  |                        |  |
|   |  |             |                                 |                         |                 |  |                        |  |
|   |  |             |                                 |                         |                 |  |                        |  |
|   |  |             |                                 |                         |                 |  |                        |  |
|   |  |             |                                 |                         |                 |  |                        |  |
|   |  |             |                                 |                         |                 |  |                        |  |
|   |  |             |                                 |                         |                 |  |                        |  |
|   |  |             |                                 |                         |                 |  |                        |  |
|   |  |             |                                 |                         |                 |  |                        |  |
|   |  |             |                                 |                         |                 |  |                        |  |
|   |  |             |                                 |                         |                 |  |                        |  |
|   |  |             |                                 |                         |                 |  |                        |  |
|   |  |             |                                 |                         |                 |  |                        |  |
|   |  |             |                                 |                         |                 |  |                        |  |
|   |  |             |                                 |                         |                 |  |                        |  |
|   |  |             |                                 |                         |                 |  |                        |  |
| UNIT 1 WAS TRAVELING ON A<br>WHEN IT HAPPENED. UNIT 1 V |  |             |                                 |                         |                 | WAS TRAVELI                                    | ING AT A SLOW SPEED    |  |
| ocation   |  |             |                                 |                         |                 | _  |                        |  |
| ON CRAWFORD ST<br>327 FT N                              |  |             |                                 | Latitude <b>43.4973</b> | 23994           | Longitu<br>-89.74                              | ude<br><b>18560466</b> |  |
| OF GOERKS RD  |  |             |                                 | X Coordi                |                 |  | rdinate                |  |
| IN THE TOWN OF BARABO<br>IN SAUK COUNTY                 | U  |             |                                 | 277780                  |                 | 48197  | 714.5                  |  |
|   |  |             |                                 | Structure               | Type<br>RUCTURE |  |                        |  |

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Crash Scene

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Crash Date 04/16/2018

Crash Time 10:45 AM

| 1                     |  |  |   |   |                                       | T   |                                     |                      |               |           |
|-----------------------|--|--|---|---|---------------------------------------|---|-------------------------------------|----------------------|---------------|-----------|
|                       | DIT(   | Harmful Event                                    | First Harmful Event Location SHOULDER RIGHT |   |                                       |   |                                     |                      |               |           |
|                       |  | ner of Collision                                 |   |   |                                       |   |                                     |                      |               |           |
|                       |  | COLLISION W/VEHIC                                | LE IN TRANSPORT                             |   |                                       | Light Condition DAYLIGHT                                    |                                     |                      |               |           |
|                       | Road   |  |   |   |                                       | Roadway Factor(s)   |                                     |                      |               |           |
|                       | SNC  | ow .   |   |   |                                       |   |                                     |                      |               |           |
|                       | Envir  | onment Factor(s)                                 |   |   | †                                     |   |                                     |                      |               |           |
|                       | WE   | ATHER CONDITIONS                                 |   | ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC) |                                       |   |                                     |                      |               |           |
|                       | Wea  | ther Condition(s)                                |   |   |                                       | Relation To Trafficway  NON TRAFFICWAY - OTHER              |                                     |                      |               |           |
|                       | SNC  | ow .   |   |   |                                       |   |                                     |                      |               |           |
|                       | Anim   | al Type  |   |   |                                       |   |                                     |                      |               |           |
|                       |  | h Classification - Location  BLIC PROPERTY       |   |   |                                       | Crash Classification - Jurisdiction NO SPECIAL JURISDICTION |                                     |                      |               |           |
|                       | Triba  | l Land   |   |   |                                       | Access Control NO CONTROL                                   |                                     |                      | Special Study |           |
|                       |  |  |   |   |                                       |   |                                     |                      |               |           |
|                       | Withi<br><b>NO</b>                                       | n Interchange Area                               | Junction Location NON-JUNCTION              |   | NOT AN                                | n Type<br>INTERSE   | CTION                               |                      |               |           |
| ĺ                     | Unit   | Summary =  |   |   |                                       |   |                                     |                      |               |           |
|                       |  | Status   |   |   | erating As C                          | Classification Unit Type                                    |                                     |                      |               |           |
|                       |  | RANSIT   |   | D CLASS   |                                       | AUTOMOBILE  |                                     |                      |               |           |
| 01                    |  | Vehicle Type PASSENGER CAR                       |   |   |                                       | Operating As Endorsements                                   |                                     |                      |               |           |
|                       |  | Occs   | Train/Bus # Injured                         | Total # Citations Issued                            |                                       |   | Total Trail                         |                      |               | Mat Types |
|                       | Insurance? Direction Of Travel                           |  | 0   |   |                                       | 0<br>Speed Lim  |                                     |                      | Total Lanes   |           |
| _                     |  | YES SOUTHBOUND                                   |   | Pre CrashTire Mark                                  |                                       | <b>45</b>   | 2                                   |                      |               |           |
| UNIT                  | Most Harmful Event: Collision With DITCH                 |  |   | Special Function NO SPECIAL FUNCTION                |                                       | I   | NOT APP                             |                      | cle Use       |           |
|                       |  | Traffic Way                                      |   |   | Traffic Control                       |   | Traffic Control Inoperative/Missing |                      | tive/Missing  |           |
|                       |  | D-WAY, NOT DIVIDED                               |   |   |                                       |   |                                     | NO                   |               |           |
|                       |  | ace Type   | (C)   | Road Curvature                                      |                                       |   |                                     | Road Grade           |               |           |
|                       |  | CKTOP (BITUMINOU  Bus or HazMat                  | 3)  | STRAIGHT Reporting Threshold                        |                                       | old   | LEVEL                               |                      |               |           |
|                       | NO   | . Duo or mazmat                                  |   |   | NO                                    |   | J.G                                 |                      |               |           |
|                       | '  | /ehicle  |   |   |                                       |   |                                     |                      |               |           |
|                       |  | License Plate Number                             |   |   | Plate Type                            |   | St                                  | Country of Issuance  |               |           |
|                       |  | 741PDT   |   | AUT - AUTOMOBILE  Make                              |                                       | .E  | WI<br>Year                          | UNITED STATES  Model |               |           |
| 5                     | 01   | Vehicle Identification Number  KL7CJTSB7FB058983 |   | CHEVROLET   |                                       |   | 2015                                | TRAX LTZ A           |               |           |
|                       |  | Color  |   |   | Body Style UT - SPORT UTILITY VEHICLE |   | E                                   | Bus Use<br>NOT A BUS |               |           |
|                       | ш  | RED - RED Initial Contact Point                  |   |   | Vehicle Damage                        |   |                                     |                      |               |           |
| ╘                     | CL   |  |   |   |                                       |   |                                     |                      |               |           |
| LIND                  | VEHICL   | Extent Of Damage  NO DAMAGE                      |   |   | NO DAMAGE                             |   |                                     |                      |               |           |
|                       | Towed Due To Damage TOWED BUT NOT DUE TO DISABLING DAMAG |  |   |   | Vehicle Removed By CRAIGS             |   |                                     |                      |               |           |
| What Driver Was Doing |  |  |   | Vehicle Factors                                     |                                       |   |                                     |                      |               |           |
|                       | GOING STRAIGHT  Driver Prior Action Other                |  |   |   | NOT APPLICABLE                        |   |                                     |                      |               |           |
|                       |  |  |   |   |                                       |   |                                     |                      |               |           |
|                       |  |  |   |   |                                       |   |                                     |                      |               |           |

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

| LINO          | VEHICLE          | Driver Actions RAN OFF ROADV  | VAY  |   |   |  |  |  |  |
|---------------|------------------|---|--|---|---|--|--|--|--|
|               |                  | Driver Distractions NOT DISTRACTE   | D  |   |   |  |  |  |  |
| 01            | 01               |   |  |   |   |  |  |  |  |
| 0             | 0                |   |  |   |   |  |  |  |  |
|               |                  |   |  |   |   |  |  |  |  |
|               | ١                | Vehicle Owner   |  |   |   |  |  |  |  |
| LIND          | VEHICLE<br>OWNER | Individual<br>RANDALL ROBE<br>(414) 639-7205  | RT MOOG  | Address<br>1502 15TH ST<br>BARABOO, WI 53913 , US   |   |  |  |  |  |
|               | 9                | Sequence Of Events  |  |   |   |  |  |  |  |
|               | 01               | Event<br>DITCH  |  |   |   |  |  |  |  |
|               | 02               | Event   |  |   |   |  |  |  |  |
|               | 03               | Event   |  |   |   |  |  |  |  |
|               | 04               |   |  |   |   |  |  |  |  |
| Delieu Helder |                  |   |  |   |   |  |  |  |  |
|               | -                | Insurance Company   |  | Individual  |   |  |  |  |  |
| Z             |                  |   | UNKNOWN RANDALL MOOG   |   |   |  |  |  |  |
| UNIT          |                  | UNKNOWN   |  | RANDALL MOOG  |   |  |  |  |  |
| S             | <br>             | unknown<br>ndividual  |  |   | I a   |  |  |  |  |
| N             | <br> -<br> -     | UNKNOWN  ndividual  Driver RANDALL ROBE   | RT MOOG  | RANDALL MOOG  Citations Issued 0  | Sex MALE  |  |  |  |  |
| NO            |                  | UNKNOWN  ndividual  Driver  | RT MOOG  | Citations Issued  | MALE<br>Race  |  |  |  |  |
|               |                  | UNKNOWN ndividual Driver RANDALL ROBE (414) 639-7205  | RT MOOG  | Citations Issued  O  Date of Birth  | MALE  |  |  |  |  |
| NU TINO       | INDIVIDUAL       | UNKNOWN  ndividual  Driver RANDALL ROBE   |  | Citations Issued 0  | MALE Race WHITE   |  |  |  |  |
|               |                  | Driver RANDALL ROBE (414) 639-7205  Address 1502 15TH ST  |  | Citations Issued  0  Date of Birth  Driver License Number   | MALE Race WHITE   |  |  |  |  |
|               |                  | UNKNOWN Individual Driver RANDALL ROBE (414) 639-7205  Address 1502 15TH ST BARABOO, WI 53  Equipment Seat Position   | On Duty Crash  | Citations Issued  0  Date of Birth  Driver License Number  STATE: WISCONSIN COUNTRY: UN   | MALE Race WHITE   |  |  |  |  |
|               |                  | UNKNOWN Individual Driver RANDALL ROBE (414) 639-7205  Address 1502 15TH ST BARABOO, WI 53  Equipment Seat Position   | 8913 , US  | Citations Issued  0  Date of Birth  Driver License Number  STATE: WISCONSIN COUNTRY: UN  Safety Equipment   | MALE Race WHITE   |  |  |  |  |
|               |                  | UNKNOWN Individual Driver RANDALL ROBE (414) 639-7205  Address 1502 15TH ST BARABOO, WI 53  Equipment Seat Position 1FRONT SEAT-  | On Duty Crash  | Citations Issued  0  Date of Birth  Driver License Number  STATE: WISCONSIN COUNTRY: UN  Safety Equipment  SHOULDER & LAP BELT  | MALE Race WHITE   |  |  |  |  |
|               |                  | UNKNOWN Individual Driver RANDALL ROBE (414) 639-7205  Address 1502 15TH ST BARABOO, WI 53  Equipment Seat Position 1FRONT SEAT-I   | On Duty Crash  LEFT SIDE (DRIVER/MOTORCY  Injury Severity                    | Citations Issued  0  Date of Birth  Driver License Number  STATE: WISCONSIN COUNTRY: UN  Safety Equipment  SHOULDER & LAP BELT  Helmet Compliance   | MALE Race WHITE   |  |  |  |  |
| TINO          | INDIVIDUAL       | UNKNOWN Individual Driver RANDALL ROBE (414) 639-7205  Address 1502 15TH ST BARABOO, WI 53  Equipment Seat Position 1FRONT SEAT-I Helmet Use  Eye Protection  Injury  Ejected             | On Duty Crash  LEFT SIDE (DRIVER/MOTORCY                                     | Citations Issued  0 Date of Birth  Driver License Number  STATE: WISCONSIN COUNTRY: UN  Safety Equipment  SHOULDER & LAP BELT  Helmet Compliance  Tint Compliance   | MALE Race WHITE  NITED STATES  Trapped/Extricated             |  |  |  |  |
| TINO          | INDIVIDUAL       | UNKNOWN Individual Driver RANDALL ROBE (414) 639-7205  Address 1502 15TH ST BARABOO, WI 53  Equipment Seat Position 1FRONT SEAT-I Helmet Use  Eye Protection  Injury  Ejected NOT EJECTED | On Duty Crash  LEFT SIDE (DRIVER/MOTORCY  Injury Severity                    | Citations Issued  0 Date of Birth  Driver License Number  STATE: WISCONSIN COUNTRY: UN  Safety Equipment  SHOULDER & LAP BELT  Helmet Compliance  Tint Compliance  Airbag  NON DEPLOYED  Ejection Path  NOT EJECTED/NOT APPLICABL | MALE Race WHITE  NITED STATES  Trapped/Extricated NOT TRAPPED |  |  |  |  |
| TINO          | INDIVIDUAL       | UNKNOWN Individual Driver RANDALL ROBE (414) 639-7205  Address 1502 15TH ST BARABOO, WI 53  Equipment Seat Position 1FRONT SEAT-I Helmet Use  Eye Protection  Injury  Ejected             | On Duty Crash  LEFT SIDE (DRIVER/MOTORCY  Injury Severity NO APPARENT INJURY | Citations Issued 0 Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UN Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED Ejection Path                                      | MALE Race WHITE  NITED STATES  Trapped/Extricated             |  |  |  |  |

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

|      |                    | Non Motorist                   | Striking Unit # | Prior Action |                   | Location |                      | To/From School |
|------|--------------------|--------------------------------|-----------------|--------------|-------------------|----------|----------------------|----------------|
|      |                    | Action                         |                 |              |                   |          |                      |                |
|      |                    |                                |                 |              |                   |          |                      |                |
|      | INDIVIDUAL         |                                |                 |              |                   |          |                      |                |
| ╘    | 2                  |                                |                 |              |                   |          |                      |                |
| UNIT | ₹                  |                                |                 |              |                   |          |                      |                |
|      | $\bar{\mathbf{g}}$ |                                |                 |              |                   |          |                      |                |
|      | =                  |                                |                 |              |                   |          |                      |                |
|      |                    |                                |                 |              |                   |          |                      |                |
|      |                    | Action Other                   |                 |              |                   |          |                      |                |
|      |                    |                                | 1               |              | T                 |          |                      |                |
|      | L                  | Orug & Alcohol                 | Suspected Al    | cohol Use    | Suspected [       | Orug Use |                      |                |
|      |                    | Alcohol Test Given             | _               |              | Alcohol Test Type |          | Alcohol Test Results |                |
|      |                    | TEST NOT GIVEN                 | l               |              | D T / T           |          |                      |                |
|      |                    | Drug Test Given TEST NOT GIVEN | I               |              | Drug Test Type    |          | Drug Test Results    |                |
| 10   | 00                 | Drug Type                      |                 |              | •                 |          |                      |                |
|      | 0                  |                                |                 |              |                   |          |                      |                |
|      |                    | Individual Condition           |                 |              |                   |          |                      |                |
|      |                    | APPEARED NOR                   | MAL             |              |                   |          |                      |                |
|      |                    |                                |                 |              |                   |          |                      |                |