

6TL09KMLXD  
18-03952

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>18-03952</b>	Investigating Officer/Deputy <b>DEPUTY S. FINNEGAN</b>	
Crash Date <b>04/19/2018</b>		Crash Time <b>12:00 AM</b>	Date Arrived <b>04/19/2018</b>	Time Arrived <b>01:56 PM</b>	
Date Notified <b>04/19/2018</b>		Time Notified <b>01:27 PM</b>	Total Units <b>02</b>	Total Injured <b>00</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 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>	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 2 WAS ILLEGALLY PARKED ON THE SIDE OF CROAL HOLLOW RD PARTIALLY IN THE ROADWAY IN FRONT OF HIS DRIVEWAY DUE TO BAD WEATHER CONDITIONS AND NOT BEING ABLE TO DRIVE DOWN THE DRIVEWAY. UNIT 1 WAS W/B ON CROAL HOLLOW AND STRUCK UNIT 2 WITH A SNOW PLOW. DRIVER OF UNIT 1 STATED HE WAS PLOWING CROAL HOLLOW RD WITH THE MAIN PLOW AND THE WING PLOW OUT. HE STATED HE DOESN'T RECALL HITTING UNIT 2 BUT SAID IT IS VERY POSSIBLE HE DID AND DIDN'T FEEL IT SINCE THERE WAS ABOUT 7 INCHES OF WET HEAVY SNOW HE WAS MOVING. THE MARKS ON UNIT 2 MATCH THE HEIGHT OF THE WING PLOW IF IT WAS DOWN ON THE ROADWAY.



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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>NEGOTIATING CURVE</b>	Vehicle Factors		
		Driver Prior Action Other	<b>NOT APPLICABLE</b>		
		Driver Actions <b>OTHER CONTRIBUTING ACTION</b>			
01	01	Driver Distractions <b>UNKNOWN IF DISTRACTED</b>			
		Owner Name <b>BEAR CREEK TOWNSHIP</b>	Owner Address <b>E3957 PROUTY RD HILLPOINT, WI 53937 , US</b>		
<b>Sequence Of Events</b>					
UNIT	INDIVIDUAL	01	Event <b>MOTOR VEH IN TRANSPORT</b>		
		02	Event		
		03	Event		
		04	Event		
<b>Policy Holder</b>					
UNIT	INDIVIDUAL	Insurance Company <b>RURAL-COMMUNITY-INSURANCE-COMPANY</b>	Government <b>BEAR CREEK TOWNSHIP</b>		
		Driver <b>TIMOTHY MCCLUSKEY (608) 574-2452</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>	
UNIT	INDIVIDUAL	Date of Birth	Race <b>WHITE</b>		
		Address <b>S8597 CTH N PLAIN, WI 53577 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
01	001	<b>Equipment</b>	On Duty Crash <b>WINTER-HWY-MAINTENANC</b>	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
		Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</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	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>NOT OBSERVED</b>					
UNIT	<b>Carrier</b>					
	<input checked="" type="checkbox"/> Use Vehicle Owner Same as Carrier		Source <b>DRIVER</b>			
	Name <b>BEAR CREEK TOWNSHIP</b>		Address <b>E3957 PROUTY RD HILLPOINT, WI 53937 , US</b>			
	GVWR <b>MORE THAN 26,000 LB</b>		Vehicle Configuration <b>SINGLE-UNIT TRUCK (2-AXLE AND GVWR MORE THA</b>		Cargo Body Type <b>DUMP</b>	
	US DOT #		Carrier Type <b>NOT IN COMMERCE/GOVERNMENT</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	<b>01 001</b>				
		<b>01 01</b>				
		<b>TRUCK BUS</b>				

**Unit Summary**

UNIT	Unit Status <b>ILLEGALLY PARKED</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>YES</b>	Direction Of Travel <b>WESTBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>45</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>
	<b>02</b>				

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Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>CURVE LEFT</b>		Road Grade <b>LEVEL</b>		
Truck Bus or HazMat <b>NO</b>						
<b>Vehicle</b>						
02	02	License Plate Number <b>GZ3748</b>		Plate Type <b>LTK - LIGHT TRUCK</b>	St <b>WI</b>	
		Country of Issuance <b>UNITED STATES</b>		Year <b>2000</b>	Model <b>F250 SUPER</b>	
02	02	Vehicle Identification Number <b>1FTNX21F4YEB31849</b>		Make <b>FORD</b>	Model <b>F250 SUPER</b>	
		Color <b>WHI - WHITE</b>		Body Style <b>PK - PICKUP</b>		
02	02	Initial Contact Point <b>7--LEFT REAR CORNER</b>		Vehicle Damage		
		Extent Of Damage <b>FUNCTIONAL DAMAGE</b>		<b>7--LEFT REAR CORNER, 8--LEFT SIDE REAR, 9--LEFT SIDE MIDDLE, 10--LEFT SIDE FRONT, 11--LEFT FRONT CORNER</b>		
02	02	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OWNER</b>		
		What Driver Was Doing <b>ILLEGALLY PARKED</b>		Vehicle Factors		
02	02	Driver Prior Action Other		<b>NOT APPLICABLE</b>		
		Driver Actions <b>OTHER CONTRIBUTING ACTION</b>				
02	02	Driver Distractions <b>NOT DISTRACTED</b>				
		Owner Name <b>JEFFREY LARDY (608) 698-1239</b>		Owner Address <b>4704 ROTHMAN PL MONONA, WI 53716 , US</b>		
<b>Sequence Of Events</b>						
01	Event <b>MOTOR VEH IN TRANSPORT</b>					
	Event					
	Event					
	Event					
<b>Policy Holder</b>						
01	Insurance Company <b>WILSON-MUTUAL-INS-CO</b>			Individual <b>JEFFREY LARDY</b>		
	<b>Individual</b>					
01	Driver <b>JEFFREY LARDY (608) 698-1239</b>			Citations Issued <b>0</b>		Sex <b>MALE</b>
				Date of Birth		Race <b>WHITE</b>

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UN	INDIV	Address <b>4704 ROTHMAN PL MONONA, WI 53716 , US</b>		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>					
		<b>Equipment</b>		On Duty Crash		Safety Equipment			
		Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>		<b>RESTRAINT USED - TYPE UNKNOWN</b>					
		Helmet Use		Helmet Compliance					
		Eye Protection		Tint Compliance					
		02	002	<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	
UNIT	INDIVIDUAL	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			
		02	002	Drug Type					
				Individual Condition <b>NOT OBSERVED</b>					