

6TLOB655M6
18-04105

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 18-04105		Investigating Officer/Deputy DEPUTY M. RABATA	
Crash Date 04/23/2018		Crash Time 12:35 PM		Date Arrived 04/23/2018		Time Arrived 12:56 PM	
Date Notified 04/23/2018		Time Notified 12:46 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 checked="" type="checkbox"/> Work Zone		<input checked="" type="checkbox"/> Trailer or Towed	<input type="checkbox"/> Reporting Threshold
<input checked="" 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

Location ON USH12 EB 34 FT S OF LINN ST/ STH136 EB IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY				Latitude 43.47467295	Longitude -89.7689088	Lat/LongSource TLT/ILT	Access Control
X Coordinate 276051.125		Y Coordinate 4817253.5		On Roadway Link ID# 5319757		On Roadway Link Offset 34	
Override <input type="checkbox"/>				Tribal Land		Structure Type	

Crash Scene		First Harmful Event Location SHOULDER RIGHT	
First Harmful Event TRAFFIC SIGNAL		Light Condition DAYLIGHT	
Manner of Collision NO COLLISION W/VEHICLE IN TRANSPORT		Environment Factor(s) NONE	
Road Surface Condition(s) DRY		Weather Condition(s) CLEAR	
Roadway Factor(s) WORK ZONE (CONSTRUCTION/MAINTENANCE/UTILITY)		Relation To Trafficway TRAFFICWAY - NOT ON ROAD	
Animal Type		Crash Classification - Location PUBLIC PROPERTY	
Crash Classification - Location PUBLIC PROPERTY		Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land		Access Control NO CONTROL	Special Study
Within Interchange Area YES	Junction Location INTERSECTION	Intersection Type FOUR-WAY INTERSECTION	
Work Zone Crash Location TRANSITION AREA		Work Zone Crash Type LANE CLOSURE	
Workers Present NO		Law Enforcement Present NO	
Work Zone Speed Limit 35	Advisory/Regulatory Speed Limit REGULATORY	Normal Posted Speed Limit 35	

Unit Summary		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 TRAFFIC SIGNAL			Special Function NO SPECIAL FUNCTION			Emergency Motor Vehicle Use NOT APPLICABLE	

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01	Traffic Way DIVIDED HWY W/O TRAFFIC BARRI		Traffic Control TRAFFIC SIGNAL		Traffic Control Inoperative/Missing NO	
	Surface Type CONCRETE		Road Curvature STRAIGHT		Road Grade LEVEL	
01	Truck Bus or HazMat TRUCK OR TRUCK COMBINATION > 10,000LBS GVWR/GCWR					
UNIT INDIVIDUAL 01	Role DRIVER		Citations Issued 0		<input type="checkbox"/> Use Driver Address	
	Last Name DETERS		First Name WILLIAM		Middle Initial JOSEF	
	Street Address 214 VAN BUREN ST		Street Address 2		PO Box	
	City SAUK CITY		State WI		Zip Code 53583	
	Country of Residence UNITED STATES		DOB [REDACTED]		Sex M	
	Race W		Hair BLOND		Eyes BLUE	
	Height 510		Weight 195		Phone Number (608) 644-6069 EXT.	
	Driver's License Number [REDACTED]		State WI		License Jurisdiction STATE	
	Country of Issuance UNITED STATES		License Type COMMERCIAL DRIVER LICENSE (CDL)		License Status VALID LICENSE	
	DL Expire Year 2021		Equipment		On Duty Accident	
	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORC		Safety Equipment SHOULDER & LAP BELT		Helmet Compliance	
	Eye Protection		Tint Compliance		Injury	
	Injury Severity NO APPARENT INJURY		Airbag NON DEPLOYED		Ejected NOT EJECTED	
Ejection Path NOT EJECTED/NOT APPLICA		Trapped/Extricated NOT TRAPPED		Medical Transport NOT TRANSPORTED		
EMS Agency Identifier		EMS Run #		Hospital		
Date of Death		Time of Death		Non Motorist		
Striking Unit #		Location		To/From School		
Prior Action		Action		Action Other		
Drug & Alcoh		Individual Condition APPEARED NORMAL		Suspected Alcohol Use		
Suspected Alcohol Use		Suspected Drug Use				

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UNIT INDIVIDUAL	NO		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 01 01 VEHICLE	License Plate Number 30157X	Plate Type APO - APPORTIONED	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 3HSDJSJRXDN603498	Year 2013	Make INTERNATIONAL	
	Model SEMI	Body Style TK - TRUCK	Color RED - RED	
	Initial Contact Point NON-COLLISION	Vehicle Damage		
	Extent Of Damage NO DAMAGE	NO DAMAGE		
	Towed Due To Damage NOT TOWED	Vehicle Factors		
	Vehicle Removed By	NOT APPLICABLE		
	What Driver Was Doing RIGHT TURN	Driver Prior Action Other	Bus Use NOT A BUS	
	Driver Actions IMPROPER TURN	Driver Distractions NOT DISTRACTED		
	<input type="checkbox"/> Vehicle Owner Same As Operator		<input type="checkbox"/> Use Operator Address	
Organization Type ORGANIZATION/COMPANY	Company Name SKINNER TRANSPORT			
Last Name	First Name	Middle	Suffix	Date of Birth
Street Address 2020 E MAIN ST	Street Address2		PO Box	
City REEDSBURG	St WI	Zip Code 53959	Country of Residence UNITED STATES	
Telephone Number (800) 356-9350 EXT.				
01	Event TRAFFIC SIGNAL			
02	Event			
03	Event			
04	Event			
01	Insurance Company TRAVELERS-INDEMNITY-CO-OF-CONNECTICUT	<input checked="" type="checkbox"/> Policy Holder Same As Owner	<input type="checkbox"/> Policy Holder Same As Driver	
	Organization Type	Last Name	First Name	Policy Holder Company

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UNIT FOUNDER	ORGANIZATION/COMPANY			SKINNER TRANSPORT		
	Trailer Plate # 591831ST	Plate Type TRL - TRAI	State IL	Country of Issuance UNITED STATES		
UNIT TRAILER/TOWED	Make WABASH NAT		Unit Type SEMI TR	Vehicle Identification Number 1JJV532D9HL990091		
	<input type="checkbox"/> Trailer Owner Same As Vehicle					
	Organization Type ORGANIZATION/COMPANY			Company Name CHICAGO TRAILER POOL CORP		
	Last Name		First Name		Middle Initial	Suffix
	Street Address 9N586 IL RT 25		Street Address2		PO Box	
	City ELGIN		St IL	Zip Code 60120	Country of Residence UNITED STATES	
	Telephone Number (847) 214-8844 EXT.					
	<input checked="" type="checkbox"/> Use Vehicle Owner Same as Carrier			Source LOG-BOOK		
	US DOT # 74466			Carrier Name SKINNER TRANSPORT		
	Carrier Address 2020 E MAIN ST		Carrier Address 2		Carrier PO Box Number	
City REEDSBURG		State WI	Zip Code 53959	Country of Residence UNITED STATES		
GVWR MORE THAN 26,000 LBS		Vehicle Configuration TRUCK TRACTOR/SEMI-TRAI		Cargo Body Type VAN/ENCLOSED BOX		
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	

Property Owner

PROP OWNER 01	Government WISCONSIN DEPT OF TRANSPORTATION (608) 246-3800		Address 2101 WRIGHT ST MADISON, WI 53705 2583, US	
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Fixed Objects Struck

01	Striking Unit 01	Struck Object TRAFFIC SIGNAL	Structure Number	Damage Tag Number 337721
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Description

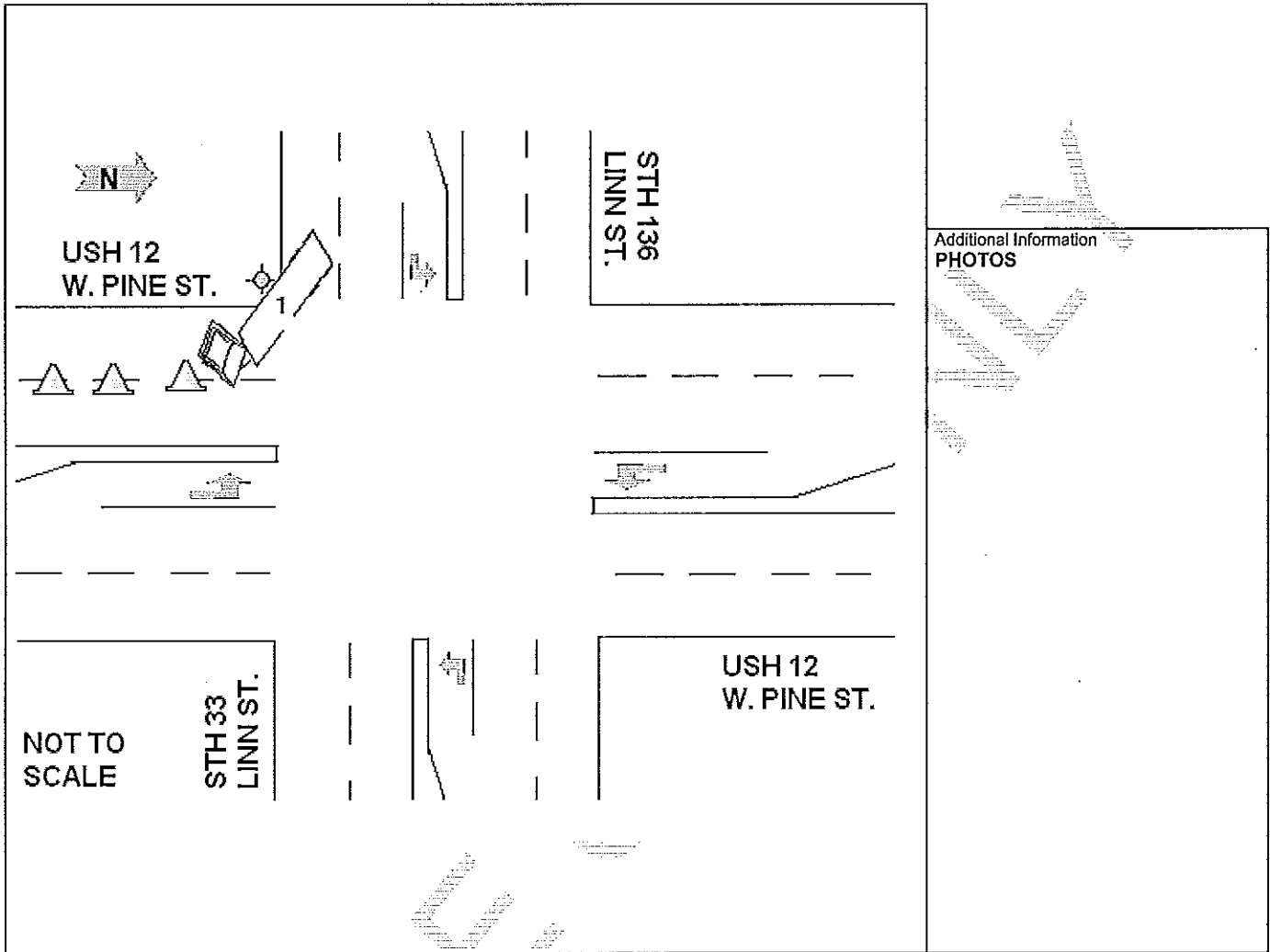
Diagram

Reconstruction By
Photos By RABATA

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UNIT 1 WAS TRAVELING EAST ON STH 136 AND CAME TO THE FOUR WAY INTERSECTION OF STH 136, CTH BD, AND LINN ST. UNIT 1 ATTEMPTED TO TAKE A RIGHT HAND TURN AND THE TRAILER COLLIDED WITH THE LIGHT STANDARD ON THE SW CORNER KNOCKING IT OVER. UNIT 1 HAD TO TRY AND CUT IT'S TURN SHORTER DUE TO CONSTRUCTION BARRELS BLOCKING 1 LANE OF TRAFFIC HE WAS TURNING ONTO.

Signature

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

Law Enforcement Agency

Agency Space

Officer Rank DEP	Officer Last Name RABATA	Officer First Name M	Officer Middle Name D	Suffix
DOT Officer ID 9156		DNR Officer ID	Officer Badge Number	
Officer EMail				
Local Agency Number	Law Enforcement Agency Jurisdiction SAUK	Law Enforcement Agency type COUNTY SHERIFF		
Law Enforcement Agency Name SAUK COUNTY SHERIFFS DEPARTMEN		TAS Agency Name SAUK COUNTY SHERIFF		
Law Enforcement Agency Street Address 1300 LANGE COURT		Law Enforcement Agency Street Address2		
Law Enforcement Agency City	LEA State	Law Enforcement Agency Zip Code		

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BARABOO	WI	53913	
Law Enforcement Agency Phone Number (608) 356-4895 EXT.	ORI Number WI0570000	BFUNC Agency 5600	TraCS Agency Number 205

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