18-04515

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash [Document #	Agency Crash Number 18-04515		Investigating Officer/Deputy DEPUTY A. MEEKER			
80 80	Crash Date 05/03/2018	Crash Time 05:30 PM		Date Arrived 05/03/2018		Time Arrive 05:46 PM	Time Arrived 05:46 PM		
6TL09B7D8	Date Notified 05/03/2018	Time Notified 05:35 PM		Total U 01	Total Units 01		d Total Ki 00	illed	
160	On Emergency	t and Run	d Run 🔽 Lane Close		ure Work Zone		Trailer or Towed		
6TL	Government Property	Active Sc	hool Zone	School NO	Bus Related	Tags			
-	Reportable	Crash Type DT4000 (STA	NDARD CRASH	H)		Ameno	ded	Secondary Crash	
	Description					•		•	
	Diagram				Ģ	þ	Reconstruct	ын Бу	
					drawing not to se	cale	Additional Information NONE		
	✔ I, a sworn law enforceme								
	UNIT 1 WAS TRAVELING WEST BOUND ON HWY 12. WHEN A ANOTHER VEHICLE GOT IN FRONT OF UNIT 1 DRIVER ATTEMPTED TO SLOW DOWN. THE TRAILER BEGAN TO SWAY AND DRIVER COULD NOT CONTROL IT. UNIT 1'S TRAILER THEN STRUCK THE GUARD RAIL END FACE. UNIT 1'S TRAILER WAS REMOVED BY BILL'S TOWING.								

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_	cation										
-	USH12 WB				-	Latitude			Longitud		
	2 FT N	43.46930	5494		-89.768	819082					
-	HATCHERY RD					X Coordina	ate		Y Coord	linate	
	THE TOWN OF BARABO SAUK COUNTY	00				276038.5	3125		481665	57	
IN	SAUK COUNT I					Structure 1	Structure Type				
							NO STRUCTURE				
Cra	ash Scene										
							ful Evont L	ocation			
						First Harmful Event Location ON ROADWAY					
	Manner of Collision NO COLLISION W/VEHICLE IN TRANSPORT Road Surface Condition(s)						lition				
							HT				
-							-actor(s)				
						Roddway I	40101(3)				
WE	:1										
En	rironment Factor(s)										
WE	ATHER CONDITIONS					ROAD SI ETC)	URFACE	CONDITION	(WET, IC	CY, SNOW, SLUSH,	
We	ather Condition(s)					210)					
	veather Condition(s)										
Ani	nimal Type					Relation To					
							WAY - O				
	sh Classification - Location							Jurisdiction			
	BLIC PROPERTY							ISDICTION			
Trib	al Land					Access Control Special Study				Special Study	
						NO CON	IROL				
	Ũ	Junction Location			Intersection Type						
_					-	AN INTERSECTION					
	Closure Type Reasons for Clos					ne					
	Date Initial Lane/Rd Closed Time Initial Lane/Rd Closed LAW ENFORC					EMENT T		ск			
	D5/03/2018 05:44 PM				0.00		ENT, IOW IRUCK				
	e All Lanes Open	Time All Lanes Open			Scene Clear	ed	Tir	me Scene Cleared			
	03/2018	06:01 PM			/2018	06:01 PM					
Լ	it Summary			1							
	t Status		Vehi	cle Ope	rating As C	lassification		Unit Type			
IN					LASS			AUTOMOE		SILE	
Veł	Vehicle Type							Operating As Endorsements		ments	
(SF	PORT) UTILITY VEHICLE	E									
Tot	al Occs	Train/Bus # Injured	Tota	Total # Citations Issue			Total Trai	lers	Total Haz	otal HazMat Types	
2			0				1	0			
_	Insurance? Direction Of Travel		Pre CrashTir		CrashTire		Speed Lir	nit	Total Lanes		
	YES WESTBOUND				Mark	65		4			
				Special Function					Emergency Motor Vehicle Use		
				NO SPECIAL FUNCTION		TION		NOT APPLICABLE			
	Traffic Way Traffi DIVIDED HWY W/TRAFFIC BARRIER NO						NO				
								Road Grade			
	, , , , , , , , , , , , , , , , , , ,			RAIGH	I			LEVEL			
Tru NC	ruck Bus or HazMat										
	Vehicle						St	Country of lo	suanco		
	License Plate Number MJ2425 Vehicle Identification Number		Plate Type LTK - LIGHT TRU Make			CK WI Year		Country of Issuance			
								UNITED STATES Model			
5	5 1FMZU72K34ZA76490			FORD		2004		EXLPORER			
									-		
onoin	Motor Vehicle Crash	Thic	roport d		include onv	CJIS data.			Crach Date	e 05/03/2018	

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					ody Style IT - SPORT UTILITY VEHICLE			Bus Use NOT A BUS			
⊢	CLE					ehicle Damage					
UNIT	VEHICL	Extent Of Damage		N	IO DAMA	O DAMAGE					
	>					chicle Removed By					
		What Driver Was Doing V GOING STRAIGHT				Drs					
					OT APPLICABLE						
		Driver Actions									
F	CLE	NO CONTRIBUTING ACTION									
UNIT	VEHICLE										
	1										
		Driver Distractions NOT DISTRACTED									
-	1										
6	01										
		Owner Name JOHN KROEGER			Owner Address W5608 DEER PARK DR						
		(608) 548-1079				NEW LISBON, WI 53950 , US					
		Sequence Of Eve	nts								
	01	Event CARGO/EQUIPMENT	LOSS OR	SHIFT							
	02	Event GUARDRAIL END									
	03	Event									
	04	Event									
⊢		Policy Holder									
UNIT		Insurance Company ERIE-INS-CO				Individual JOHN KROEGER					
	-	Trailer/Towed			JOHN RROEGER						
6		Trailer Plate #	Plate Type	Make HOMEMADE		State	Count	iry of Issuance			
F	ER/ ED	Unit Type UTILITY TRAILER		ndividual JOHN L KROEGER	I			08 DEER PARK DR			
UNIT	TRAILER/ TOWED	Vehicle Identification Number (608) 548-1079			NEW LISBON, WI 53950 , US			LISBON, WI 53950 ,US			
		ndividual			-		ı				
	_	Driver JOHN KROEGER			Citations Issued Sex 0 MALE						
F	IDUAL	(608) 548-1079			Date of Birth Race WHITE						
	_				1						

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NN	NIDIN	Address W5608 DEER PARK DR NEW LISBON, WI 53950 , US			Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES				
		Equipment			Safety Equipment				
		Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY Helmet Use Eye Protection			SHOULDER & L	AP BELT			
					Helmet Compliance	e			
					Tint Compliance				
01	001	Injury	Injury Severity NO APPARENT	INJURY	Airbag NON DEPLOYED				
		Ejected NOT EJECTED			Ejection Path	NOT APPLICABL	Trapped/Extricated NOT TRAPPED		
		Medical Transport			EMS Agency Ident		EMS Run #		
		NOT TRANSPOR	TED						
		Hospital			Date of Death		Time of Death		
	ļ	Non Motorist	Striking Unit #	Prior Action	ł	Location		To/From School	
UNIT	INDIVIDUAL	Action Other							
		Suspected Alcohol Use			Suspected Drug Us	se			
	Ľ		& Alcohol NO		NO Alcohol Test Type Alcohol Test Results				
		Alcohol Test Given TEST NOT GIVEN	Alcohol Test Given				Alcohol Test Results		
		Drug Test Given TEST NOT GIVEN	ug Test Given EST NOT GIVEN			Drug Test Type Drug Test Results			
01	001	Drug Type							
		Individual Condition							
		APPEARED NOR	MAL						
	I	ndividual							
		Passenger KURT BOBERG			Citations Issued		Sex		
	UAL	(608) 548-3392			0 Date of Birth		MALE Race		
UNIT	/ID	Address			Driver Lieenee Nur	abar	WHITE		
5	INDIVIDUAI	Address N4783 COUNTY RD HH MAUSTON, WI 53948 , US			Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES				
		Equipment On Duty Crash							

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				Safety Equipment						
		Seat Position			SHOULDER & LAP BELT					
		3FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER								
		Helmet Use Eye Protection			Helmet Complianc	e				
					Tint Compliance					
~	002		Injury Severity		Airbag					
6	õ	Injury	NO APPARENT	INJURY	NON DEPLOYED					
		Ejected NOT EJECTED			Ejection Path Trapped/Extricated NOT EJECTED/NOT APPLICABL NOT TRAPPED					
		Medical Transport			EMS Agency Identifier		EMS Run #			
		NOT TRANSPORTED								
		Hospital			Date of Death		Time of Death			
		Non Motoris	t Striking Unit #	Prior Action		Location		To/From School		
		Action								
	INDIVIDUAL									
Ę	DO									
UNIT	Ž									
	Z									
	-									
		Action Other								
		Action Other								
	ſ	Drug & Alcoh	Suspected Alcohol	Use	Suspected Drug U NO	se				
	-				_		Alcohol Test Results			
		Alcohol Test Giver			Alcohol Test Type		Alcohol Test Results			
		Drug Test Given	n		Drug Test Type		Drug Test Results			
		TEST NOT GIV	EŠT NOT GIVEN							
6	002	Drug Type								
•	0									
		Individual Condition								
		APPEARED NORMAL								
		perty Owne			1					
01	Gov WIS				Address 2101 WRIGHT ST	r				
	(608				MADISON, WI 53705 2583, US					
PROP OWNER										
	Fixe	ed Objects St	ruck							
	~	U U	Struck Object				Structure Number	Damage Tag Number		
δ 01 GUARDRAIL END								337752		