

6TL09B7D8T
18-04543

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 18-04543		Investigating Officer/Deputy DEPUTY A. MEEKER	
Crash Date 05/04/2018		Crash Time 02:23 PM		Date Arrived 05/04/2018		Time Arrived 02:53 PM	
Date Notified 05/04/2018		Time Notified 02:27 PM		Total Units 02		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 checked="" 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

Diagram <p style="text-align: center;">drawing not to scale</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 MADE A RIGHT TURN ONTO HIGHWAY 154. UNIT 2 FOLLOWED UNIT 1 ONTO HIGHWAY 154. UNIT 1 BEGAN BACKING UP ON ROAD SIDE TO STOP, SO SIGNS FOR A ROAD CLOSURE COULD BE PUT OUT. UNIT 1 DID NOT SEE UNIT 2 BEHIND HIM AND HE HIT UNIT 2 WITH THE TRAILER BEING TOWED CAUSING MINOR DAMAGE TO UNIT 2.

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Location

INTERSECTION ON STH154 WB AT BUCKEYE RD IN THE TOWN OF EXCELSIOR IN SAUK COUNTY	Latitude 43.487238265	Longitude -89.954617049
	X Coordinate 261079.921875	Y Coordinate 4819165.5
	Structure Type	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ROADSIDE	
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) CLEAR		
Animal Type	Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY	Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land	Access Control PARTIAL CONTROL	Special Study
Within Interchange Area NO	Junction Location INTERSECTION	Intersection Type OTHER

Unit Summary

01 UNIT	Unit Status IN TRANSIT	Vehicle Operating As Classification A CLASS	Unit Type TRUCK		
	Vehicle Type STRAIGHT TRUCK (INSERT TRUCK)	Operating As Endorsements			
	Total Occs 2	Train/Bus # Injured	Total # Citations Issued 0	Total Trailers 1	Total HazMat Types 0
	Insurance? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	Total Lanes 2
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT	Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way TWO-WAY, NOT DIVIDED	Traffic Control STOP SIGN		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)	Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat TRUCK OR TRUCK COMBINATION > 10,000LBS GVWR/GCWR				

01 UNIT	Vehicle			
	License Plate Number 97188	Plate Type MUN - MUNICIPAL	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1FVACYFE0JHJP8298	Make FREIGHTLINER CORP	Year 2018	Model M2
	Color RED - RED	Body Style ST - STAKE TRUCK		Bus Use NOT A BUS
	Initial Contact Point NON-COLLISION	Vehicle Damage		
	Extent Of Damage NO DAMAGE	NO DAMAGE		

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UNIT	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR	
	What Driver Was Doing BACKING		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions UNSAFE BACKING			
	Driver Distractions NOT DISTRACTED			
01	01	Owner Name SAUK COUNTY HIGHWAY DEPARTMENT (608) 355-4855		Owner Address 620 STATE RD 136 BARABOO, WI 53913 , US
Sequence Of Events				
	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company WISCONSIN-COUNTY-MUTUAL-INS-CORP		Government SAUK COUNTY HIGHWAY DEPARTMENT	
UNIT TRAILER/ TOWED	Trailer/Towed			
	Trailer Plate #	Plate Type	Make UNKNOWN	State
	Country of Issuance	Address 620 STATE RD 136 BARABOO, WI 53913 , US		
	Unit Type EQUIPMENT	Government SAUK COUNTY HIGHWAY DEPARTMENT (608) 355-4855		
	Vehicle Identification Number 4X4TCC4164N034990			
UNIT INDIVIDUAL	Individual			
	Driver MICHAEL T RYCZEK JR (608) 415-2771		Citations Issued 0	Sex MALE
	Address [REDACTED] WI [REDACTED]		Date of Birth [REDACTED]	Race WHITE
	Equipment		Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES	
	On Duty Crash	Safety Equipment SHOULDER & LAP BELT		
	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY			

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01	001	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		
		Action						
		Action Other						
		01	001	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								
01	001			Individual				
				Passenger JOHN THOMAS PICKAR (608) 963-9111	Citations Issued 0		Sex MALE	
				Date of Birth [REDACTED]		Race WHITE		
				Address [REDACTED] WI [REDACTED]		Driver License Number [REDACTED] 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					
		01	002	Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED		

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UNIT	INDIVIDUAL	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			
	01	002	Non Motorist	Striking Unit #	Prior Action	Location	To/From School
			Action				
	Action Other						
	01	001	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							
UNIT	TRUCK BUS	Carrier					
		<input checked="" type="checkbox"/> Use Vehicle Owner Same as Carrier	Source DRIVER				
		Name SAUK COUNTY HIGHWAY DEPARTMENT	Address 620 STATE RD 136 BARABOO, WI 53913 , US				
		GVWR MORE THAN 26,000 LB	Vehicle Configuration SINGLE-UNIT TRUCK (2-AXLE AND GVWR MORE THA	Cargo Body Type FLATBED			
		US DOT #	Carrier Type NOT IN COMMERCE/GOVERNMENT	Permitted Load OSOW			
		<input checked="" 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 Summary

UNIT	02	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type AUTOMOBILE		
		Vehicle Type PASSENGER VAN	Operating As Endorsements			
		Total Occs 2	Train/Bus # Injured	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0
		Insurance? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 55	Total Lanes 2
		Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT	Special Function NO SPECIAL FUNCTION	Emergency Motor Vehicle Use NOT APPLICABLE		

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Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control STOP SIGN	Traffic Control Inoperative/Missing NO		
Surface Type BLACKTOP (BITUMINOUS)		Road Curvature CURVE LEFT	Road Grade LEVEL		
Truck Bus or HazMat NO					
Vehicle					
02	02	License Plate Number 835FFY	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 2C4RDGBG0DR633186	Make DODGE	Year 2013	Model GRAND CARA
UNIT	VEHICLE	Color BLU - BLUE	Body Style VN - VAN		Bus Use NOT A BUS
		Initial Contact Point 2--RIGHT SIDE FRONT	Vehicle Damage		
		Extent Of Damage MINOR DAMAGE	4--RIGHT SIDE REAR		
		Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR		
UNIT	VEHICLE	What Driver Was Doing RIGHT TURN	Vehicle Factors		
		Driver Prior Action Other	NOT APPLICABLE		
		Driver Actions NO CONTRIBUTING ACTION			
		Driver Distractions NOT DISTRACTED			
02	02	Owner Name DONNA M TOURDOT (608) 415-2622		Owner Address 2701 E MAIN ST LOT 129 REEDSBURG, WI 53959 , US	
Sequence Of Events					
UNIT	01	Event MOTOR VEH IN TRANSPORT			
	02	Event			
	03	Event			
	04	Event			
Policy Holder					
UNIT	Insurance Company AMERICAN-FAMILY-INS-CO		Individual DONNA TOURDOT		
	Individual				
Citations Issued 0			Sex MALE		

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UNIT	INDIVIDUAL	Driver ROSS AARON DREW (608) 434-2334		Date of Birth [REDACTED]	Race WHITE			
		Address 419 E WALNUT ST NORTH FREEDOM, WI 53951 , US		Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES				
		Equipment	On Duty Crash	Safety Equipment				
		Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		SHOULDER & LAP BELT				
		Helmet Use		Helmet Compliance				
		Eye Protection		Tint Compliance				
		02	003	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	
UNIT	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 APPEARED NORMAL						
		02	003	Individual				
				Passenger DAKOTA JAMES BODENDEIN (608) 415-2622		Citations Issued 0	Sex MALE	
				Date of Birth [REDACTED]		Race WHITE		

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UN	INDIV	Address S4116 BARREAU RD LA VALLE, WI 53941 , US		Driver License Number [REDACTED] 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					
		02	004	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	
Action									
UNIT	INDIVIDUAL	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 APPEARED NORMAL							
02	004								