18-05566

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primar	Primary Crash Document #		Agency Crash Number 18-05566		Investigating Officer/Deputy DEPUTY S. FINNEGAN			
XH	Crash Date 05/30/2018		0.00		Date Arrived 05/30/2018		Time Arrived 08:37 AM			
	Date Notified 05/30/2018		Time Notified 08:29 AM		Total Units 03		Total Injured 00	Total Killed 00		
09K	On Emergency	Hit and R	and Run Lane Closu		ure Work Zone		Trailer or	Γowed		Reporting Threshold
6TL	Government Property	A	Active School Zone			Bus Related	Tags			
•	✓ Reportable		Crash Type DT4000 (STANDARD CRASH)				Amended	Amended		Secondary Crash
	Description —									

Diagram Reconstruction By Photos By Additional Information NONE us hwy 12 debris not to scale

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

UNIT 2 WAS N/B ON USH 12 AND OBSERVED CARS ENTERING THE ROADWAY FROM AN ON RAMP AND MOVED INTO THE INSIDE TRAFFIC LANE. UNIT 1 ENTERED THE ROADWAY HEADING NORTHBOUND FROM THE ON RAMP, CROSSED OVER THE WHITE LANE MARKERS IN AN ATTEMPT TO NEGOTIATE TRAFFIC AND SIDE SWIPED UNIT 2. UNIT 1 DRIVER ADMITTED FAULT AND DID NOT SEE UNIT 2. UNIT 3 WAS TRAVELING NORTHBOUND ON USH 12 AND STRUCK DEBRIS IN THE ROAD THAT WAS A RESULT OF THE INITIAL CRASH.

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Location

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Crash Time 08:28 AM

	0.31	USH12 EB I MI S RAB CTH BD 2			Latitude 43.485385319 X Coordinate			Longitude -89.773303197 Y Coordinate		303197	
	IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY					275735.			481845		
						Structure Type NO STRUCTURE					
(Cra	sh Scene =									
_	-	Harmful Event				First Harn	nful Event L	ocation			
	_	TOR VEH IN TRANSI	PORT			ON ROA	DWAY				
		ner of Collision	NECTION		Light Condition						
L		SIDESWIPE/SAME D d Surface Condition(s)	DIRECTION			DAYLIG Roadway					
	WE.	. ,				riodaway	1 40101(0)				
F	Envi	ronment Factor(s)									
	NOI	. ,				NONE					
F	Wea	ther Condition(s)									
		OUDY, RAIN									
		nal Type				Relation T	o Trafficwa	NV.			
		1760					CWAY - O	•			
		h Classification - Locatio	on					Jurisdiction			
	_	BLIC PROPERTY				NO SPECIAL JURISDICTION					
	Iriba	al Land				Access Control FULL CONTROL tion Type			Special Study		
		in Interchange Area	Junction Location		Intersection						
L	YES		ENTRANCE RAMP		NOT AN	INTERSE	CTION				
		t Summary									
	-	Status TRANSIT		D CLASS	ŭ	Classification Unit Type TRUCK					
		cle Type		D OLAGO				Operating As Endorsements			
>	(SP	ORT) UTILITY VEHIC	CLE								
		l Occs	Train/Bus # Injured		tions Issued			lers		Mat Types	
L	1 Insu	rance?	Direction Of Travel	1 Pro-	CrashTire		O Speed Lir	mit	0 Total Lane	es	
	YES		NORTHBOUND		Mark		65		4		
		t Harmful Event: Collision		Special Fun		NCTION		Emergency Motor Vehicle Use NOT APPLICABLE Traffic Control Inoperative/Missing NO Road Grade			
		TOR VEH IN TRANSI ic Way	PUKI	Traffic Cont							
		RANCE/EXIT RAMP		NO CONT							
		асе Туре		Road Curva							
L		NCRETE k Bus or HazMat		STRAIGH	IT			UPHILL			
	NO	N DUS OI MAZIVIĀĪ									
1	,	Vehicle									
		License Plate Number		Plate Type)		St	Country of Is	suance		
	HY3276 Vehicle Identification Number 1FTPW14VX6KD68076 Color				SHT TRUC	K	WI	UNITED STATES Model			
;				Make FORD			Year 2006				
				Body Style)	2006		F150 Bus Use			
		GRN - GREEN		PK - PICI				NOT A BUS			
	Ш	Initial Contact Point	NIT.	Vehicle Da	amage						
	/EHICLE	10LEFT SIDE FRO	JN I		7LEFT REAR CORNER, 8LEFT SIDE REAR, 9LEFT SIDE MIDDLE, 10LE					DE MIDDLE, 10LEF	т
ו	VE	MINOR DAMAGE		SIDE FRO	SIDE FRONT, 11LEFT FRONT CORNER						
scor	nein M	Motor Vehicle Crash	Т	his report does not	include any	CJIS data			Crash Date	05/30/2018	

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		Towed Due To Dama	ge	Vehicle Removed By			
		NOT TOWED		OPERATOR			
		What Driver Was Doi MERGING	ng	Vehicle Factors			
		Driver Prior Action Ot	ther	NOT APPLICABLE			
		Billor Filer Florion Ct					
		Driver Actions					
	щ	OPERATED MOT	OR VEHICLE IN INATTENTIVE, C	CARELESS OR ERRATIC MANNER			
LIND	VEHICL						
5	표						
	>						
		Driver Distractions					
		UNKNOWN IF DIS	STRACTED				
2	_						
0	5						
		Owner Name		Owner Address			
		JEFFREY A HAHI	N	E5166 NARROWS CREEK RD			
		(608) 963-4242		LOGANVILLE, WI 53943 , US			
	;	Sequence Of E	vents				
	5	Event MOTOR VEH IN T	RANSPORT				
	02	Event					
	03	Event					
		Event					
	04						
╘	ı	Policy Holder					
L		Insurance Company	:ASUALTY-INS-CO	Individual JEFFREY HAHN			
			ASUALT F-INS-CO	JEFFRET HARN			
		Individual		Citationa laguad			
		Driver JEFFREY A HAHI	N	Citations Issued 1	Sex MALE		
	¥	(608) 963-4242		Date of Birth	Race		
\vdash	INDIVIDUA			Bato of Biltin	WHITE		
EN I	₹	Address		Driver License Number			
ا ر	2	E5166 NARROWS		STATE: WISCONSIN COUNTRY: UNITED STATES			
	=	LOGANVILLE, WI	33943 , US	STATE. WISCONSIN COOKTRY. OF	WILD STATES		
			On Duty Crash	Safety Equipment			
		Equipment		Galety Equipment			
		Seat Position		SHOULDER & LAP BELT			
		1FRONT SEAT-L	LEFT SIDE (DRIVER/MOTORCY				
		Helmet Use		Helmet Compliance			
		Eye Protection		Tint Compliance			
		· ·					
2	00	Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED			
		Ejected		Ejection Path	Trapped/Extricated		
		NOT EJECTED		NOT EJECTED/NOT APPLICABL	NOT TRAPPED		

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	Medical Transport				EMS Agen	EMS Agency Identifier			EMS Run #												
	NOT TRANSPORTED																				
		Hospital		Date of Dea	Date of Death			Time of Death													
			Striking Unit	#	Prior Action		Location				To/From School										
		Non Motorist	Other State	"	1 Hol Action		Location				10/1101110011001										
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		Action																			
	INDIVIDUAL																				
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			Suspected A	Icohol I	lea	Suspected	Drug Hee														
	E	Prug & Alcohol	NO	icorioi c	736	NO Suspected	Drug Ose														
			110																		
		Alcohol Test Given				Alcohol Tes	st Type		Alcohol Tes	t Results											
		TEST NOT GIVEN																			
		Drug Test Given				Drug Test	Туре		Drug Test R	Results											
		TEST NOT GIVEN					•		3												
		Drug Tune																			
6	001	Drug Type																			
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		1 1 1 1 0 10																			
		individual Condition										Individual Condition									
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		APPEARED NORMAL																			
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	·	Violations		La			1-														
		Violations UTC Number	Issue To?		tute Number	Seq Num	Description	F DEVIATI	ON												
	10	Violations			tute Number 6.13(1)	Seq Num 001	Description UNSAFE LAN	E DEVIATI	ON												
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Crash Date 05/30/2018 Crash Time 08:28 AM

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	Щ	Initial Contact Point		Vehicle Damage	
╘	ਹ	1RIGHT FRONT	CORNER	4 DIGHT FRONT CORNER & DIGHT	CIDE EDONT A DIGHT CIDE MIDDLE 4
LIND	VEHICLE	Extent Of Damage		RIGHT SIDE REAR	SIDE FRONT, 3RIGHT SIDE MIDDLE, 4
_	Ā	FUNCTIONAL DA	MAGE	RIGHT SIDE REAR	
		Towed Due To Dama		Vehicle Removed By	
		NOT TOWED	ge	OPERATOR	
		What Driver Was Doir		Vehicle Factors	
		GOING STRAIGHT	Γ	NOT 4 DDI 10 4 DI 5	
		Driver Prior Action Ot	her	NOT APPLICABLE	
		Driver Actions			
	ш	NO CONTRIBUTION	NG ACTION		
\vdash	긍				
LIND	VEHICL				
\supset	亩				
	>				
		D. D			
		Driver Distractions UNKNOWN IF DIS	TRACTED		
8	0				
05	02				
		Owner Name		Owner Address	
		RUSSELL BRIAN	HANSEN	221 E MULLET ST	
		(608) 220-0021	HAROER	PORTAGE, WI 53901, US	
		(000) ==0 00=1		,	
		Sequence Of E	vents		
	_	Event			
	5	MOTOR VEH IN T	RANSPORT		
	01	Event			
	02				
		Event			
	03	270			
		Event			
	9	Eveni			
\vdash	l	Policy Holder			
Ĭ		Insurance Company		Organization/Company	
\supset		WEST-BEND-MUT	TUAL-INS-CO	ABBS PAVIN	
		Individual			
				L Citations Issued	
		Driver RUSSELL BRIAN	HANGEN	Citations Issued	Sex
	ᆜ	(608) 220-0021	HANSEN	0	MALE
	Ž	(000) 220 0021		Date of Birth	Race
⊨	INDIVIDUAL				WHITE
LIND	≥	Address		Driver License Number	
ر	₽	W2263 GROUSE F			
	=	DALTON, WI 5392	26 , US	STATE: WISCONSIN COUNTRY: UN	IIIED STATES
			On Duty Crash	Safety Equipment	
		Equipment	· y - · · ·		
		Seat Position		SHOULDER & LAP BELT	
			EET SIDE (DDIVED/MOTORCY	SHOOLDEN & LAI BELI	
			LEFT SIDE (DRIVER/MOTORCY		
		Helmet Use		Helmet Compliance	
		Eye Protection		Tint Compliance	
				-	

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		i de la companya de												
NO APPARENT INJURY Airbag NON DEPLOYED														
_	0	, ,	NO APPARENT INJURY				NON DEPLOYED Ejection Path Trapped/Extricated							
		Ejected				-	Ejection Path							
		NOT EJECTED					NOT EJECTED/NOT APPLICABL				NOT TRAPPED			
		Medical Transport				EMS A	EMS Agency Identifier				EMS Run #			
		NOT TRANSPORT	IED											
		Hospital					Date of Death			Time of Death				
			Striking l	Jnit #	Prior Action			Location				To/From School		
		Non Motorist												
		Action												
	A													
—	\supset													
	₹													
ر	INDIVIDUAL													
	Z													
		A -4: O4b												
		Action Other												
			Sugnacte	ed Alcohol Us	20	Suspe	cted Drug Us	•						
	E	Drug & Alcohol	NO	su Alconol O	Se	NO	cied Diug Os	- C						
		Alcohol Test Given					ol Test Type			Alcohol Test	Poculte			
		TEST NOT GIVEN	l			Alcone	n rest type			Alcohol 1630	results			
		Drug Test Given				Drug T	Drug Test Type				esults			
		TEST NOT GIVEN	Γ NOT GIVEN					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Drug Test Results		
~ I	7	Drug Type												
05	005	3 71												
		Individual Condition												
		APPEARED NOR	MAL											
	(Carrier												
		□ Use V	/ehicle C	Owner Sam	e as Carrier		Source	0.55						
		•					VEHICLE	-SIDE						
02	2		^{ame} RUSSELL BRIAN HANSEN				Address 221 E MULLET ST							
		USDOT# 9942				PORTAGE, WI 53901 , US								
	00D01# 337220													
	ဟ	GVWR		Vehicle Co	onfiguration				Cargo	go Body Type				
_	BUS	MORE THAN 26,0	00 LB		UNIT TRUCK (3 OR MO	RE AXLES	5)	DUM					
		US DOT#		Carrier Typ		<u> </u>		<u>* </u>	Perm	rmitted Load				
\supset	TRUCK	994226		INTERST	ATE CARRIE	R								
	\gtrsim	_ 00/01//	WI Permit	t Number	Per	mitted Ve	ehicle On	Es	cort Vehic	le Require				
	۴	OS/OW Load				Permitted				ermit		scort Vehicle Present		
		Measured Height		Measur	ed Length		Measured V	Vidth		Measured W	eight			
	Uni	t Summary •												
		Status				Vehicle O	perating As C	Classification		Unit Type				
	IN T	RANSIT				D CLAS	S			AUTOMOE	BILE			
3	Vehi	cle Type								Operating A	s Endorsen	nents		
03	PAS	SENGER CAR												
	Tota	l Occs	Tra	iin/Bus # Inju	red		ations Issued	t	Total Traile	ers	Total Hazi	Mat Types		
	1					0			0		0			
		rance?		ection Of Tra		Pre	e CrashTire	•	Speed Lim	it	Total Lane	s		
<u>⊢</u> YES			NORTHBOUND							65 4				

18-05566

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

\neg		Harmful Event: Collision With		ial Function SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE				
		HER OBJECT - NOT FIXED ic Way		c Control		Traffic Control Inoperative/Missing				
		DED HWY MEDIAN W/BARRIER		CONTROL		NO				
		ace Type		Curvature		Road Grade				
		NCRETE		AIGHT		LEVEL				
		k Bus or HazMat								
	NO									
	'	Vehicle			St					
		License Plate Number		e Type	Country of Issuance					
		Vehicle Identification Number	Mak	A - AMATEUR RADIO	Year	Madal				
03	03	2HGES16535H618944		e NDA	2005	Model CIVIC				
		Color		y Style	2000	Bus Use				
		SIL - SILVER (ALUMINUM)		- 4DR		NOT A BUS				
	щ	Initial Contact Point	Vehi	icle Damage						
LNO	ᅙ	UNDERCARRIAGE								
5	VEHICL	Extent Of Damage DISABLING DAMAGE	UNI	DERCARRIAGE						
		Towed Due To Damage		icle Removed By						
		NOT TOWED		ERATOR						
		What Driver Was Doing GOING STRAIGHT	Vehi	icle Factors						
			NO.	T APPLICABLE						
		Driver Prior Action Other NOT APPLICABLE								
		Driver Actions	<u> </u>							
.	쁘	NO CONTRIBUTING ACTION								
	ੂ									
5	VEHICL									
	>									
		Driver Distractions UNKNOWN IF DISTRACTED								
03	03									
			ı							
		Owner Name RHESA MARIE KAMLA		Owner Address E12780A CLINGMANS RD						
		(608) 434-5644		BARABOO, WI 53913 , US						
	;	Sequence Of Events								
	5	Event OTHER OBJECT - NOT FIXED								
	2	Event								
	05	French								
	93	Event								
	9	Event								
$_{\perp}$		Policy Holder								
LNO		Insurance Company		dividual						
7		STATE-FARM-GENERAL-INS-CO	R	HESA KAMLA						
Individual										

18-05566

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 05/30/2018

Crash Time 08:28 AM

	ᆜ	Driver RHESA MARIE KA (608) 434-5644	AMLA		Citations Issued 0		Sex FEMALE			
⊢	DOA	(606) 434-3644			Date of Birth Race WHITE					
UNIT	INDIVIDUAL	Address E12780A CLINGM BARABOO, WI 53			Driver License Nur STATE: WISCO	mber INSIN COUNTRY: UN	IITED STATES			
		Equipment	On Duty Crash		Safety Equipment					
		Seat Position 1FRONT SEAT-L	LEFT SIDE (DRIVE	R/MOTORCY	SHOULDER & I	LAP BELT				
		Helmet Use			Helmet Compliano	е				
		Eye Protection			Tint Compliance					
03	003	Injury	Injury Severity NO APPARENT II	NJURY	Airbag NON DEPLOYE	:D				
		NOT EJECTED				NOT APPLICABL	Trapped/Extricated NOT TRAPPED			
		Medical Transport NOT TRANSPORT	ΓED		EMS Agency Ident	tifier	EMS Run #			
		Hospital			Date of Death		Time of Death			
		Non Motorist	Striking Unit #	Prior Action		Location		To/From School		
LIND	INDIVIDUAL	Action								
		Action Other								
	L	Drug & Alcohol	Suspected Alcohol U NO	lse	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			
03	003	Drug Type								
		Individual Condition								
		NOT OBSERVED								