

6TL0BNZLX7
18-05655

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

Location

ON USH12 WB 51 FT N OF LEHMAN RD IN THE TOWN OF BARABOO IN SAUK COUNTY	Latitude 43.423910265	Longitude -89.773418879
	X Coordinate 275498.5	Y Coordinate 4811627.5
	Structure Type	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 02--FRONT TO REAR	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 NO CONTROL	Special Study
Within Interchange Area NO	Junction Location NON-JUNCTION	Intersection Type NOT AN INTERSECTION

Unit Summary

01 UNIT	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type AUTOMOBILE		
	Vehicle Type PASSENGER VAN	Operating As Endorsements			
	Total Occs 1	Train/Bus # Injured	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel NORTHBOUND	<input checked="" type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	Total Lanes 4
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION	Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way DIVIDED HWY W/O TRAFFIC BARRIER		Traffic Control NO CONTROL	Traffic Control Inoperative/Missing NO	
	Surface Type CONCRETE		Road Curvature STRAIGHT	Road Grade LEVEL	
	Truck Bus or HazMat NO				

01 UNIT	Vehicle			
	License Plate Number LA3800	Plate Type LTK - LIGHT TRUCK	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number NM0LS7E72F1223484	Make FORD	Year 2015	Model TRANSIT CO
	Color WHI - WHITE	Body Style VN - VAN		Bus Use NOT A BUS
	Initial Contact Point 1--RIGHT FRONT CORNER	Vehicle Damage		
	Extent Of Damage DISABLING DAMAGE	1--RIGHT FRONT CORNER		

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UNIT	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By BILLS TOWING		
	What Driver Was Doing OVERTAKE LEFT		Vehicle Factors		
	Driver Prior Action Other		NOT APPLICABLE		
	Driver Actions FAILURE TO CONTROL				
	Driver Distractions DISTRACTION/INATTENTION				
01	01	Owner Name FRANK BEER DISTRIBUTORS INC (608) 836-6000		Owner Address 2115 PLEASANT VIEW RD MIDDLETON, WI 53562 5518, US	
Sequence Of Events					
	01	Event MOTOR VEH IN TRANSPORT			
	02	Event			
	03	Event			
	04	Event			
UNIT	Policy Holder				
	Insurance Company HAUSMANN-JOHNSON INSURANCE INC		Organization/Company FRANK BEER DISTRIBUTORS INC		
UNIT	INDIVIDUAL	Individual			
		Driver FERNANDO GARCIA (608) 609-3803	Citations Issued 0	Sex MALE	
			Date of Birth [REDACTED]	Race HISPANIC	
		Address 201 1ST AVE # 8 BARABOO, WI 53913 , US		Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES	
		Equipment	On Duty Crash	Safety Equipment SHOULDER & LAP BELT	
	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY	Helmet Compliance			
	Helmet Use	Tint Compliance			
	Eye Protection				
01	001	Injury	Injury Severity SUSPECTED MINOR INJURY	Airbag DEPLOYED-SIDE	
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABL	Trapped/Extricated NOT TRAPPED	

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UNIT	VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR	
		What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
		Driver Prior Action Other		NOT APPLICABLE	
		Driver Actions NO CONTRIBUTING ACTION			
02	02	Driver Distractions NOT DISTRACTED			
		Owner Name HARTMANN FARMS (608) 592-3764		Owner Address W12148 STATE RD 60 LODI, WI 53555 , US	
Sequence Of Events					
UNIT	01	Event MOTOR VEH IN TRANSPORT			
		Event			
		Event			
		Event			
UNIT	04	Policy Holder			
		Insurance Company RURAL-MUTUAL-INS-CO-(ATTN:-CLAIMS-DEPT)		Organization/Company HARTMANN FARMS	
UNIT	INDIVIDUAL	Driver STEVEN J EMERSON (608) 588-4314		Citations Issued 0	Sex MALE
		Address S10900 HAYES RD SPRING GREEN, WI 53588 , US		Date of Birth [REDACTED]	Race WHITE
				Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES	
		Equipment		On Duty Crash	
02	002	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		NONE USED - VEHICLE OCCUPANT	
		Helmet Use		Helmet Compliance	
		Eye Protection		Tint Compliance	
		Injury		Injury Severity NO APPARENT INJURY	
Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABL		Trapped/Extricated NOT TRAPPED	

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UNIT 02 002	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				
	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				

Witness

WITN ESS 01	Individual KAREN S HICKS PUGH (608) 963-5935		Address 227 JEFFERSON ST SAUK CITY, WI 53583 , US	Date of Birth [REDACTED]