WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Overrid	е			Agency Crash Number 18-06375		Investigating Officer/Deputy DEPUTY E. KNULL				
Ξ	Crash Date 06/17/2018		Gradii Tiirid		Date Arrived 06/17/2018		Time Arrived 04:34 PM				
4X4	Date Notified 06/17/2018		Time Notified 04:26 PM		Total Units 02		Total Injured 01	Total Killed 00			
.0B	On Emergency Hit		and Run		re Work Zone		✓ Trailer or	Γowed		Reporting Threshold	
6TL	Government Property		Active School Zone		School Bus Related NO		Tags				
	Reportable Crash Typ			NDARD CRASH)		Amended	Amended Secondary Crash			

Description

Diagram

Reconstruction By

Photos By
DEPUTY MEARS

Additional Information
PHOTOS

STH 23

UNIT 1 WB ON CTH CH REPORTS HIS BRAKES FAILED AND HE WENT THROUGH THE INTERSECTION STRIKING THE TRAILER OF UNIT 2. UNIT 2 TRAILER THEN COMES UNATTACHED FROM POWER UNIT AND COMES TO REST FACING EAST WEST IN THE LANE OF TRAFFIC. UNIT 1 COMES TO REST IN THE MIDDLE OF THE INTERSECTION FACING EB. MINOR SCRATCH TO HAND OF OPERATOR OF UNIT 1. NO OTHER INJURIES REPORTED. UNIT 1 TOWED FROM SCENE BY INTERSTATE BP. TRAILER OF UNIT 2 WAS REMOVED BY SHIELDS TOWING. UNIT 2 WAS REMOVED BY OPERATOR. UNIT 1 SUSTAINED MAJOR DISABLING DAMAGE. TRAILER OF UNIT 2 SUSTAINED MAJOR DAMAGE. UNIT 2 SUSTAINED FUNCTIONAL DAMAGE

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Loc	cation										
	ERSECTION					Latitude			Longitud	de	
	ON STH23 EB						43.471196365 -90.014995947				
	CTHCH NB	X Coordinate Y Coordinate			linate						
	THE TOWN OF REEDSE	BURG				256132.671875 4817559					
lin s	SAUK COUNTY					Structure -	Туре				
							UCTURE				
Cra	sh Scene										
Firs	t Harmful Event					First Harm	nful Event Lo	cation			
	MOTOR VEH IN TRANSPORT					ON ROA					
	nner of Collision -FRONT TO SIDE					Light Cond					
	d Surface Condition(s)					Roadway					
	DRY					rtoaaway	r dolor(3)				
Env	Environment Factor(s)										
NO	• •					NONE					
Wea	ather Condition(s)										
	CLEAR										
Anir	mal Type					Relation T	o Trafficway	1			
							CWAY - OI				
	Crash Classification - Location						ssification -				
	PUBLIC PROPERTY Tribal Land					NO SPECIAL JURISDICTION Access Control Special Study					
						NO CON				Spoolal Olddy	
	· ·	Junction Location			Intersection		RECTION	1			
NO	sure Type	INTERSECTION		FOUR-WAY INTERSECTION Reasons for Closure							
	LL CLOSURE			Reast	ilis iui Ciusi	ure					
Date	e Initial Lane/Rd Closed	Time Initial Lane/Rd Closed		LAW ENFORCEMENT, TOW TRUCK							
	17/2018	04:34 PM	Date Scene Clear 06/17/2018			T- 0 0					
	e All Lanes Open 17/2018	Time All Lanes Open 07:33 PM				07:33 F		ie Scene Clea :33 PM			
Uni	it Summary										
	Status		Vehi	cle Ope	rating As C	lassification	1	Unit Type			
IN T	TRANSIT		DC	D CLASS			TRUCK				
	Vehicle Type				Operating As Endorsements					ments	
	ILITY TRUCK/PICKUP T	Train/Bus # Injured	Tota	I # Citor	iona laguad		Total Trailers Total HazMat Types			Mat Types	
1018	al Occs	Hally Dus # Injuieu	0	ı # Ollal	ions Issued		0	0		iviat Types	
	irance?	Direction Of Travel	ļ -	Pre	CrashTire	<u> </u>	Speed Lim			es	
YE		WESTBOUND			Mark		55		2		
	st Harmful Event: Collision W ERTURN/ROLLOVER	/ith		cial Fun	ction IAL FUNC	TION		NOT APPL			_
	fic Way			ic Cont			Traffic Control Inoperative/N				
	•			P SIG				NO	- P	3	
	Surface Type Ro BLACKTOP (BITUMINOUS) ST			d Curva				Road Grade			
				AIGH	Т			LEVEL			
Truc NO	ck Bus or HazMat										
	Vehicle										
	License Plate Number		Plat	е Туре			St	Country of Iss	suance		
	151524				HT TRUC	ĸ	WI	UNITED ST			
_	Vehicle Identification Num		Mal				Year	Model			
2	5 1FMZU77E82UD16369			FORD			2002	EXPLORE	S		

2 of 7

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18-06375

WISCONSIN MOTOR VEHICLE CRASH REPORT

		Color RED - RED	Body Style UT - SPORT UTILITY VEHICLE	Bus Use NOT A BUS							
	Е	Initial Contact Point	Vehicle Damage								
╘	CLI	12FRONT	12FRONT								
UNIT	VEHICL	Extent Of Damage									
	VE	DISABLING DAMAGE									
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By INTERSTATE BP								
		What Driver Was Doing	Vehicle Factors								
		GOING STRAIGHT	DDAVEC								
		Driver Prior Action Other	BRAKES								
		Driver Actions									
	Щ	DISREGARDED STOP SIGN									
	CL										
5	VEHICL										
	>										
		Driver Distractions									
		NOT DISTRACTED									
5	01										
		Owner Name	Owner Address								
		LINDA M FARGEN	1733 HEMLOCK DR APT C								
		(608) 495-2006	REEDSBURG, WI 53959 , US								
		Sequence Of Events									
		Event									
	01	EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAIL	LURE, ETC)								
	02	Event MOTOR VEH IN TRANSPORT									
	03	Event									
	4	Event									
	04										
╘		Policy Holder	T								
LNO		Insurance Company PROGRESSIVE-DIRECT-INSURANCE-CO	Individual LINDA FARGEN								
		Individual									
		Driver	Citations Issued	Sex							
	ļ	BRANDON DEAN ALT	0	MALE							
	U		Date of Birth	Race WHITE							
	VIC	Address	Driver License Number								
\supset	INDIVIDUAL	1560 W PINE ST APT 606	STATE: WISCONSIN COUNTRY: UI	WITED STATES							
	=	BARABOO, WI 53913 , US	STATE: WISCONSIN COUNTRY: UI	WIED STATES							
		On Duty Crash	Safety Equipment								
		Equipment									
		Seat Position	SHOULDER & LAP BELT								
		1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY Helmet Use									
		Tionnet 036	Helmet Compliance								

WISCONSIN MOTOR VEHICLE CRASH REPORT

		Eye Protection	Tint Compliance								
_	_		Injury Severity	Airbag							
0	90	Injury POSSIBLE INJURY			DEPLOYED-FRONT						
		Ejected	jected					Trapped/Extricated			
		NOT EJECTED		NOT EJECTED/	NOT APPL	ICABL	NOT TRA	PPED			
		Medical Transport		EMS Agency Identi	fier		EMS Run #				
		NOT TRANSPOR	TED								
		Hospital	Date of Death			Time of Death					
	ļ	Non Motorist Striking Unit # Prior Act				Location			To/From School		
		Action									
LIND	INDIVIDUAL										
		Action Other									
	L	Prug & Alcohol	Suspected Alcohol NO	Use	Suspected Drug Us	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 R	Results		
6	001	Drug Type									
		Individual Condition APPEARED NORMAL									
	Unit	Summary									
		Status		V	ehicle Operating As C	Classification		Unit Type			
	IN T	RANSIT			CLASS				TRUCK		
2		cle Type					Operating As Endorsements				
02	UTII	LITY TRUCK/PICK	UP TRUCK								
		Occs	Train/Bus # Ir	*	otal # Citations Issued	t	Total Traile	ers	Total HazMat Types		
	2		Discreticas Of T	0			1 Speed Lim		Total Lanes		
⊥	YES	nsurance? Direction Of Travel VES NORTHBOUND			Pre CrashTire Mark	9	55		2		
UNIT	MO	Harmful Event: Collis FOR VEH IN TRAN			pecial Function NO SPECIAL FUNC	CTION		Emergency Motor Vehicle Use NOT APPLICABLE			
		ic Way D-WAY, NOT DIVID	DED		raffic Control IO CONTROL			Traffic Control Inoperative/Missing NO			
	Surfa	асе Туре		R	load Curvature			Road Grade			
	BLA	CKTOP (BITUMIN	OUS)	S	TRAIGHT			LEVEL			
	Truci NO	k Bus or HazMat		1							
	•	Vehicle									
		License Plate Number	er		Plate Type			Country of Issuance			
		LF5489	Number-		LTK - LIGHT TRUC Make	ر ۲		UNITED ST	IAIES		
05	02				CHEVROLET			Model SILVERAD	0		

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18-06375

WISCONSIN MOTOR VEHICLE CRASH REPORT

						Body Style PK - PICKUP Bus Use NOT A BUS					
	щ					éhicle Damage					
LIND	VEHICL	5RIGHT REAR CORNER Extent Of Damage 6				REAR					
>	VEF	FUNCTIONAL DAMAGE			IVLAIV	-REAR					
		-				ehicle Removed By DPERATOR					
		What Driver Was Doing		/ehicle Factors							
		GOING STRAIGHT Driver Prior Action Other				ICABLE					
		Driver Prior Action Other			0.7						
	E	Driver Actions NO CONTRIBUTING ACTION									
╘	CLE	NO SONTING ACTION									
L	VEHICL										
	>										
		Driver Distractions NOT DISTRACTED									
05	02										
		Owner Name			Owner Address						
		DANIEL J MAYER (920) 960-0466			210 ELM ST EDEN, WI 53019 , US						
		Sequence Of Eve	nts								
	01	MOTOR VEH IN TRA	NSPORT								
	02	Event CARGO/EQUIPMENT	LOSS OR SH	IFT							
	03	Event									
	04	Event									
		Policy Holder									
LNO		Insurance Company HASTINGS-MUTUAL	INC CO		Individual						
	_	Trailer/Towed	-1143-00		DANIEL MAYER						
05		Trailer Plate #	Plate Type	Make		State		try of Issuance			
		RV39803 Unit Type	RVT - REC	FOREST RIV		WI	Addre	TED STATES			
LIN'D	LER.	RECREATIONAL	DAI	NIEL J MAYER 0) 960-0466			210 I	ELM ST			
5	TRAILER/ TOWED	Vehicle Identification Nur 4X4FPTL21DP04192	ilbei	7) 300-0400	EDEN, WI 53019 , US						
		ndividual									
		Driver MAXWELL JUDSON	MAYER		Citations I	ssued		Sex MALE			
	IDUAL	(920) 238-1368			Date of Birth Race			Race			
╘						WHITE					

WISCONSIN MOTOR VEHICLE CRASH REPORT

Z	>	Address			Driver License Number					
5	INDIV	210 ELM ST EDEN, WI 53019	, US		STATE: WISCONSIN COUNTRY: UNITED STATES					
		Equipment On Duty Crash Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY Helmet Use			Safety Equipment					
						AR RELT				
					SHOULDER &	LAP BELT				
					Helmet Compliano	e				
		Eye Protection			Tint Compliance					
02	005		Injury Severity		Airbag					
0	8	Injury NO APPARENT INJURY			NON DEPLOYE	D	T			
		Ejected NOT EJECTED			Ejection Path NOT EJECTED	NOT APPLICABL	Trapped/Extricated NOT TRAPPED			
		Medical Transport			EMS Agency Iden	tifier	EMS Run #			
		NOT TRANSPOR	TED		Date of Death		Time of Death			
		. respira					6 6. 2 64			
		Non Motorist	Striking Unit #	Prior Action		Location		To/From School		
		Action	I							
LIND	INDIVIDUAL									
5	\geq									
	Ξ									
		Action Other								
	,	Suspected Alcohol Use NO			Suspected Drug U	se				
	L		NO		NO		Alashal Task Danilla			
		Alcohol Test Given TEST NOT GIVEN	J		Alcohol Test Type		Alcohol Test Results			
		Drug Test Given TEST NOT GIVEN	ug Test Given EST NOT GIVEN				Drug Test Results			
2	05	Drug Type								
0	ŏ									
		Individual Condition								
		APPEARED NOR	MAL							
		Individual								
		Passenger CHRISTOPHER N	MICHAEL PETERS	SON	Citations Issued 0		Sex MALE			
	UAL	(920) 539-8392			Date of Birth		Race			
LIND	9	Address			Driver License Number					
5	INDIVIDUA	W4397 COUNTY					NITED CTATES			
	=	EDEN, WI 53019	, US		STATE: WISCO	NSIN COUNTRY: U	MITED STATES			
		Equipment	On Duty Crash							
		-4								

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18-06375

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					Safety Equipment					
					SHOULDER & LAP BELT					
		Seat Position	DICHT CIDE (TD	NIN ENGINEED						
		3FRONT SEAT- Helmet Use	KIGHT SIDE (TK/	AIN ENGINEER	Helmet Complianc					
		Heimet Use			Heimet Compliand	е				
		Eye Protection			Tint Compliance					
05	003	Injury	Injury Severity NO APPARENT	INJURY	Airbag NON DEPLOYE	D				
		Ejected			Ejection Path		Trapped/Extricated			
		NOT EJECTED				NOT APPLICABL	NOT TRAPPED			
		Medical Transport			EMS Agency Ident	ifier	EMS Run #			
		NOT TRANSPOR	TED							
		Hospital			Date of Death		Time of Death			
			Striking Unit # Prior Action		Location			To/From School		
		Non Motorist								
		Action								
	¥									
╘	\geq									
LNO	=									
_	INDIVIDUAL									
	Z									
		Action Other								
		Action outer								
	,	Device P. Alaahai	Suspected Alcohol	Use	Suspected Drug U	se				
	L	Orug & Alcohol	NO		NO					
		Alcohol Test Given			Alcohol Test Type		Alcohol Test Results			
		TEST NOT GIVEN	N							
		Drug Test Given TEST NOT GIVEN	N		Drug Test Type		Drug Test Results			
05	003	Drug Type			•		-1			
_	3									
		Individual Condition								
		APPEARED NOR	MAL							