18-07528

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 18-07	/ Crash Number 528	Investigating			
X9	Crash Date 07/13/2018	Crash Time 11:45 AM		Date A 07/13/		Time Arrived	d		
6TL0BNZLX9	Date Notified 07/13/2018	Time Notified 11:48 AM		Total U 03	nits	Total Injured	ł	Total Kille 00	d
0BI	On Emergency	and Run	Lane Closu	ure	Work Zone		or T	owed	Reporting Threshold
6TL	Government Property	Active Sc	hool Zone	School NO	Bus Related	Tags			
•	Reportable	Crash Type DT4000 (STA		H)		Ameno	ded		Secondary Crash
	Description								
	Diagram							onstruction	By
					A			tos By	
	STH	23/STH 33					NO	itional Infor	
	NOT TO SCAL		ee that I have no	ot added	d any CJIS data in th	is report.			
	UNIT 1 WAS TRAVELING EASTBUNIT 1 WAS FOLLOWING UNIT 2	OUND ON STH 2	3/STH 33. UNIT 1	WAS HA	AULING ITEMS IN THE B	ED OF THE TR			
	AND SWERVED TO THE RIGHT / ENDED UNIT 2.								

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Loc	cation								
ON	STH23 EB				Latitude			Longitud	
	3 FT W				43.53262	28684		-89.958	665361
	STH136 EB THE TOWN OF REEDS	BURG			X Coordina			Y Coord	
	SAUK COUNTY	Bonto			260931.9	9375		482421	8.5
					Structure -	Туре			
Cra	ish Scene								
Firs	t Harmful Event				First Harm	ful Event I	ocation		
МО	TOR VEH IN TRANSPO	ORT			ON ROA	DWAY			
	nner of Collision				Light Cond				
	-FRONT TO REAR				DAYLIG				
	d Surface Condition(s)				Roadway	Factor(s)			
DR	Y								
Env	ironment Factor(s)								
NO	NE				NONE				
Wea	ather Condition(s)				-				
CL	EAR								
Anir	Animal Type				Relation T	o Trafficwa	av		
							ON ROAD		
Crash Classification - Location				Crash Clas	ssification	- Jurisdiction			
	BLIC PROPERTY				NO SPE	CIAL JUI	RISDICTION		
Trib	al Land				Access Co				Special Study
14/24	in Internet and Anna	hunding Landing		latera estis	NO CON	TROL			
NO	nin Interchange Area	Junction Location NON-JUNCTION		Intersection NOT AN	INTERSE	CTION			
Uni	it Summary 💻								
_	Status		Vehicle Ope	erating As C	lassification		Unit Type		
	N-CONTACT		D CLASS			TRUCK		As Endorsements	
	icle Type ILITY TRUCK/PICKUP	TRUCK				Operating As Endorsements		nents	
Tota	al Occs	Train/Bus # Injured	Total # Citat	tions Issued		Total Tra	ilers	Total Haz	Mat Types
2			1			0		0	
	irance?	Direction Of Travel	Pre	CrashTire	9	Speed Li	mit	Total Lan	es
	KNOWN	EASTBOUND		Mark 55 Special Function NO SPECIAL FUNCTION		55	2		
	st Harmful Event: Collision \ RGO/EQUIPMENT LOS					Emergency Motor Vehicle Use NOT APPLICABLE			
-	FIC Way		Traffic Cont				Traffic Cont		
	O-WAY, NOT DIVIDED		NO CONT				NO		ت
	face Type		Road Curva				Road Grade		
со	NCRETE		STRAIGH	т			DOWNHIL	.L	
Tru	ck Bus or HazMat								
NO									
NO	Vehicle						Country of Issuance		
NO	Vehicle License Plate Number		Plate Type			St	Country of Is	suance	
NO	Vehicle License Plate Number 90383D		LTK - LIG	GHT TRUC	к	WI	UNITED ST		
NO	Vehicle License Plate Number 90383D Vehicle Identification Nur		LTK - LIG Make		к	WI Year	UNITED ST Model		
NO	Vehicle License Plate Number 90383D Vehicle Identification Num 1FTZR15X4WPA5299		LTK - LIG Make FORD	GHT TRUC	к	WI	UNITED ST Model RANGER		
NO	Vehicle License Plate Number 90383D Vehicle Identification Nur		LTK - LIG Make	BHT TRUC	ĸ	WI Year	UNITED ST Model	TATES	
Е 01	Vehicle License Plate Number 90383D Vehicle Identification Nur 1FTZR15X4WPA5299 Color		LTK - LIG Make FORD Body Style	SHT TRUC	:K	WI Year	UNITED ST Model RANGER Bus Use	TATES	
Е 01	Vehicle License Plate Number 90383D Vehicle Identification Nur 1FTZR15X4WPA5299 Color RED - RED Initial Contact Point NON-COLLISION		LTK - LIG Make FORD Body Style PK - PICI Vehicle Da	SHT TRUC	к	WI Year	UNITED ST Model RANGER Bus Use	TATES	
10	Vehicle License Plate Number 90383D Vehicle Identification Nur 1FTZR15X4WPA5299 Color RED - RED Initial Contact Point		LTK - LIG Make FORD Body Style PK - PICH	SHT TRUC	:K	WI Year	UNITED ST Model RANGER Bus Use	TATES	

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		Towed Due To Dama	age	Vehicle Removed By	
		NOT TOWED		OPERATOR	
		What Driver Was Doi	-	Vehicle Factors	
		GOING STRAIGH	т		
		Driver Prior Action Of	ther	NOT APPLICABLE	
		Driver Actions			
	щ	NO CONTRIBUTI	NG ACTION		
E	VEHICL				
UNIT	¥				
	亩				
	>				
		Driver Distractions UNKNOWN IF DIS	STRACTED		
			SINACIED		
-	-				
01	0				
		Owner Name		Owner Address	
				615 EXHIBIT CIR	
		(608) 524-3128		REEDSBURG, WI 53959, US	
		(000) 024 0120			
	ę	Sequence Of E	vents		
		Event			
	9	STRUCK BY FAL	LING, SHIFTING CARGO OR AN	THING SET IN MOTION BY MOTOR	VEHICLE
		Event			
	02				
		Event			
	03	Lvent			
	•	_			
	04	Event			
	l	Individual			
		Driver		Citations Issued	Sex
		JORDAN HOOF		1	MALE
	ΑI	(608) 495-0607		Date of Birth	Race
	INDIVIDUAL			Date of Dirti	WHITE
JNIT	₹	Address		Deiven Lingen a Number	
5	5	318 N WALNUT S	ат.	Driver License Number	
	Z	REEDSBURG, WI		STATE: WISCONSIN COUNTRY	UNITED STATES
	_		,		
		Faulinmont	On Duty Crash	Safety Equipment	
		Equipment			
		Seat Position		RESTRAINT USE UNKNOWN	
		1FRONT SEAT-I	LEFT SIDE (DRIVER/MOTORCY		
		Helmet Use		Helmet Compliance	
		Eye Protection		Tint Compliance	
		Lycinologion		The compliance	
			Linium Sovority	Airbag	
0	001	Injury	Injury Severity		
	0		NO APPARENT INJURY		
		Ejected		Ejection Path	Trapped/Extricated
		NOT APPLICABL	E	NOT EJECTED/NOT APPLICABI	
		Medical Transport		EMS Agency Identifier	EMS Run #
		NOT TRANSPOR	TED		

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WISCONSIN MOTOR VEHICLE CRASH REPORT

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

		Hospital			Date of Death		Time of Death				
			Striking Unit #	Prior Action		Location		To/From School			
		Non Motorist	5								
	1	Action									
	L										
с.	INDIVIDUAL										
UNIT	D										
5	N										
	Ę										
	4										
		Action Other									
			Suspected Alcohol L	lse	Suspected Drug Us	se					
	Ľ	Drug & Alcohol			Cuopositiu Diug Co						
	1	Alcohol Test Given			Alcohol Test Type		Alcohol Test Results				
		TEST NOT GIVEN			Alconor rest rype		Alconor rest results				
					Drug Test Type		Drug Toot Dooulto				
		Drug Test Given TEST NOT GIVEN			Diug rest type		Drug Test Results				
2	001	Drug Type									
-	0										
		Individual Condition									
		NOT OBSERVED									
		Individual									
		Passenger			Citations Issued		Sex				
		MARY HOOF			0		FEMALE				
	INDIVIDUAL	(608) 495-0607			Date of Birth		Race				
F	D						WHITE				
UNIT	N	Address			Driver License Num	nber					
ر	P	318 N WALNUT S									
	4	REEDSBURG, WI	53959 , US		STATE: WISCONSIN COUNTRY: UNITED STATES						
			On Duty Crash		Safety Equipment						
		Equipment									
		Seat Position			RESTRAINT US	E UNKNOWN					
		3FRONT SEAT-F	RIGHT SIDE (TRAI	N ENGINEER							
		Helmet Use	-		Helmet Compliance	9					
		Eye Protection			Tint Compliance						
-	2		Injury Severity		Airbag						
9	002	Injury	NO APPARENT I	NJURY	NOT APPLICAB	LE					
		Ejected			Ejection Path		Trapped/Extricated				
		NOT APPLICABL	E		NOT EJECTED/	NOT APPLICABL	NOT APPLICABLE				
		Medical Transport			EMS Agency Identi	fier	EMS Run #				
		NOT TRANSPORT	ſED								
		Hospital			Date of Death		Time of Death				
			Striking Unit #	Prior Action	1	Location		To/From School			
		Non Motorist	-								

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WISCONSIN MOTOR VEHICLE **CRASH REPORT**

		Action										
	_											
	INDIVIDUAL											
UNIT	ī											
5	N											
	Ĭ											
		Action Other										
	,	Sauce & Alashal	Suspected Alco	ohol Use	Suspected	Drug Use						
	L	Drug & Alcohol										
		Alcohol Test Given TEST NOT GIVEN			Alcohol Tes	st Type		Alcohol Te	st Results			
		Drug Test Given			Drug Test	Drug Test Type			Results			
		TEST NOT GIVEN			Ū.			-g				
2	002	Drug Type			•							
	0											
		Individual Condition										
		NOT OBSERVED										
	Violations											
	5	UTC Number AE753068	Issue To? 001	Statute Number 348.10(2)	Seq Num 001	Description OPERATE VE	H./FAIL/P	REVENT LE	AKING LOAD			
l	_											
<u> </u>		t Summary Status			Vehicle Operat	ting As Classification	on	Unit Type				
		IN TRANSIT						TRUCK				
02		Vehicle Type						Operating	As Endorsements			
0		LITY TRUCK/PICKL		<i>"</i>			1 7 / 1 7					
	Tota 2	I Occs	Train/Bus	s # Injured	Total # Citatior 0	ns Issued	Total Tra 0	llers	Total HazMat Types 0			
		rance?	Direction	Of Travel	Pre CrashTire Speed Lir			mit	Total Lanes			
F	YES	6	EASTB	OUND	Mark 55				2			
UNIT		t Harmful Event: Collisi				Special Function NO SPECIAL FUNCTION			/ Motor Vehicle Use			
		TOR VEH IN TRANS	SPORT						Traffic Control Inoperative/Missing			
		D-WAY, NOT DIVID	ED			Traffic Control NO CONTROL			NO			
		ace Type				Road Curvature			Road Grade			
		NCRETE			STRAIGHT				DOWNHILL			
		k Bus or HazMat										
	NO											
		Vehicle License Plate Numbe	r		Plate Type		St	Country of I	ssuance			
		594199	I		LTK - LIGH	T TRUCK	wi	UNITED S				
	~	Vehicle Identification	Number		Make		Year	Model				
02	02	1B7GG42N42S67	5545		DODGE		2002	DAKOTA	SLT			
		Color GRN - GREEN			Body Style PK - PICKU	IB		Bus Use NOT A BU	IS			
	ш	Initial Contact Point										
E	CL	6REAR	Initial Contact Point				Vehicle Damage					
UNIT	_						6REAR					
_	표	Extent Of Damage			6REAR							
	VEHICL	FUNCTIONAL DA										
	VEH	-			6REAR							

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		What Driver Was Doir		Vehicle Factors	
		SLOW/STOPPING			
		Driver Prior Action Ot	her	NOT APPLICABLE	
		Driver Actions NO CONTRIBUTIN			
F	VEHICLE				
UNIT	¥				
	É				
	-				
		Driver Distractions	D		
		NOT DISTRACTE	B		
02	02				
-	-				
		Owner Name		Owner Address	
		MICHAEL MCHAE (608) 524-2729	RDIE	1407 INVERNESS CT REEDSBURG, WI 53959, US	
		(000) 324-21 23			
		Sequence Of Event	vents		
	6	MOTOR VEH IN T	RANSPORT		
	02	Event			
	~	Event			
	03	F (
	04	Event			
E	l	Policy Holder			
UNIT		Insurance Company	AL-INSURANCE-CO	Individual MICHAEL MCHARDIE	
		· · · ·	AL-INSORANCE-CO		
		Individual		Citations Issued	
		Driver MICHAEL MCHAI	RDIE	0	Sex MALE
	AL	(608) 524-2729		Date of Birth	Race
F	DUAL				WHITE
INN	Σ	Address		Driver License Number	
	INDIVI	1407 INVERNESS REEDSBURG, WI		STATE: WISCONSIN COUNTRY: U	NITED STATES
	-		55555 , 66		
			On Duty Crash	Safety Equipment	
		Equipment		Salety Equipment	
		Seat Position		SHOULDER & LAP BELT	
		1FRONT SEAT-L	EFT SIDE (DRIVER/MOTORCY		
		Helmet Use		Helmet Compliance	
		Eye Protection		Tint Compliance	
02	003	Injury	Injury Severity	Airbag	
Ŭ	0		NO APPARENT INJURY	NON DEPLOYED	Tranned/Extrinsted
		Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABL	Trapped/Extricated NOT TRAPPED
		Medical Transport		EMS Agency Identifier	EMS Run #
		NOT TRANSPORT	ſED		
l Wisco	onsin M	L Motor Vehicle Crash		I ort does not include any CJIS data.	Crash Date 07/13/2018
	DT40			6 of 11	Crash Time 11:45 AM

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WISCONSIN MOTOR VEHICLE CRASH REPORT

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

		Hospital			Date of Death		Time of Death			
		Non Motorist	Striking Unit #	Prior Action		Location		To/From School		
		Action								
	INDIVIDUAL									
E	Ы									
UNIT	Σ									
_	ā									
	≤									
		Action Other								
			Suspected Alcohol L	Jse	Suspected Drug Us	e .				
	Ľ	Drug & Alcohol	NO		NO					
		Alcohol Test Given			Alcohol Test Type		Alcohol Test Results			
		TEST NOT GIVEN	l		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
		Drug Test Given			Drug Test Type		Drug Test Results			
		TEŠT NOT GIVEN	l							
2	e	Drug Type								
02	003									
		Individual Condition								
		APPEARED NOR	MAL							
	I	Individual								
		Passenger			Citations Issued		Sex			
	_	NATHAN GARCIA			0		MALE			
	INDIVIDUAL	(608) 209-4135			Date of Birth		Race			
F	ē						WHITE			
UNIT	Š	Address 123 TOWER ST #	140		Driver License Num	nber				
_	Z	PRAIRIE DU SAC								
	_		,							
			On Duty Orach							
		Equipment	On Duty Crash		Safety Equipment					
		Seat Position			SHOULDER & LAP BELT					
			RIGHT SIDE (TRAI		SHOULDER & L					
		Helmet Use		N ENGINEER	Helmet Compliance	<u>a</u>				
					Theimet Compilance					
		Eye Protection			Tint Compliance					
		_,								
~	4		Injury Severity		Airbag					
02	004	Injury	NO APPARENT I	NJURY	NON DEPLOYE	D				
		Ejected			Ejection Path		Trapped/Extricated			
		NOT EJECTED			NOT EJECTED/	NOT APPLICABL	NOT TRAPPED			
		Medical Transport			EMS Agency Identi	fier	EMS Run #			
		NOT TRANSPOR	TED							
		Hospital			Date of Death		Time of Death			
		Non Motorist	Striking Unit #	Prior Action		Location		To/From School		

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WISCONSIN MOTOR VEHICLE **CRASH REPORT**

		Action							
	⊢								
F	Ď.								
UNIT	₽								
Б	N								
	INDIVIDUAL								
	-								
		Action Other							
	_	Sus	pected Alcohol Use	Suspected Drug Use					
	L	Drug & Alcohol NO		NO					
		Alcohol Test Given		Alcohol Test Type		Alcohol Tes	st Results		
		TEST NOT GIVEN							
		Drug Test Given		Drug Test Type		Drug Test F	Results		
		TEST NOT GIVEN							
02	004	Drug Type							
0	õ								
		Individual Condition							
		APPEARED NORMAL							
	Uni	t Summary							
	Unit	Status		Vehicle Operating As Clas	sification	Unit Type			
	IN T	RANSIT		D CLASS		AUTOMOBILE			
03	Vehi	cle Type				Operating A	As Endorsements		
0	PAS	SENGER CAR							
		l Occs	Train/Bus # Injured	Total # Citations Issued	Total Trai	ilers	Total HazMat Types		
	2			0	0		0		
		rance?	Direction Of Travel	Pre CrashTire	Speed Lir	mit	Total Lanes		
UNIT	YES EASTBOUND			Mark	55		2		
5	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCT	ON	NOT APP	Motor Vehicle Use			
		ic Way	KI						
		D-WAY, NOT DIVIDED		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing			
		ace Type		Road Curvature		Road Grade			
				STRAIGHT					
		k Bus or HazMat							
1	NO								
<u> </u>		Vehicle							
		License Plate Number		Plate Type	St	Country of Is	suance		
		323UHW		AUT - AUTOMOBILE					
		Vehicle Identification Num	her	Make	Year	Model			
03	03	3FAFP31392R110604		FORD	2002	FOCUS ZX	(3		
	-	Color		Body Style		Bus Use			
		SIL - SILVER (ALUMIN	IUM)	2H - HATCHBACK 2	DOOR	NOT A BU	S		
	ш	Initial Contact Point		Vehicle Damage		1			
E	5	12FRONT							
UNIT	Ī	Extent Of Damage		1RIGHT FRONT CO	RNER, 12FROM	Т			
	VEHICLE	FUNCTIONAL DAMAG	θE						
		Towed Due To Damage		Vehicle Removed By					
		NOT TOWED		OPERATOR					
		What Driver Was Doing		Vehicle Factors					
		GOING STRAIGHT							
		Driver Prior Action Other		NOT APPLICABLE					
1									

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UNIT	VEHICLE	Driver Actions FOLLOWING TOO CLOSE, FAILURE TO CONTROL									
		Driver Distractions UNKNOWN IF DISTRACTED									
03	03										
		Owner Name ROBERT SHUTES	Owner Address 493 E KINDER ST								
		(608) 647-0045	RICHLAND CENTER, WI 53581, U	JS							
		Sequence Of Events									
	01	Event MOTOR VEH IN TRANSPORT									
	02	Event									
		Event									
	03	2.000									
	04	5 Event									
F	I	Policy Holder									
UNIT		Insurance Company STATE-FARM-GENERAL-INS-CO	Individual ROBERT SHUTES								
	i	ndividual									
		Driver ROBERT SHUTES	Citations Issued	Sex MALE							
	UAL	(608) 647-0045	Date of Birth	Race WHITE							
UNIT	INDIVIDUAL	Address	Driver License Number	WHITE							
С	INDI	493 E KINDER ST RICHLAND CENTER, WI 53581 ,US	STATE: WISCONSIN COUNTRY: UNITED STATES								
		On Duty Crash	Safety Equipment								
		Seat Position	SHOULDER & LAP BELT								
		1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY Helmet Use	Helmet Compliance								
		Eye Protection	Tint Compliance								
03	005	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED								
		Ejected	Ejection Path	Trapped/Extricated							
		NOT EJECTED Medical Transport	NOT EJECTED/NOT APPLICABL EMS Agency Identifier	NOT TRAPPED EMS Run #							
		NOT TRANSPORTED									
		Hospital	Date of Death	Time of Death							
		Non Motorist Striking Unit # Prior Action	Location	To/From School							
Wisco			rt does not include any CJIS data.	Crash Date 07/13/2018							

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WISCONSIN MOTOR VEHICLE **CRASH REPORT**

	Ļ	Action							
UNIT	INDIVIDUAL								
	INDI								
		Action Other							
		Action Other							
	Ľ	Drug & Alcohol	Suspected Alcohol L NO	lse	Suspected Drug U NO	se			
		Alcohol Test Given TEST NOT GIVEN	l		Alcohol Test Type		Alcohol Test Results		
		Drug Test Given TEST NOT GIVEN	I		Drug Test Type		Drug Test Results		
03	005	Drug Type							
		Individual Condition	dividual Condition						
		APPEARED NOR	MAL						
		Individual							
	_	Passenger AMBER SHUTES	5		Citations Issued 0		Sex FEMALE		
⊢	INDIVIDUAL	(608) 647-0016 Address 493 E KINDER ST			Date of Birth		Race WHITE		
UNIT	DIVI				Driver License Nur		_ <u> </u>		
	Z	RICHLAND CENT	ER, WI 53581 , US	5	STATE: WISCONSIN COUNTRY: UNITED STATES				
		Equipment	On Duty Crash		Safety Equipment				
		Seat Position 3FRONT SEAT-I	RIGHT SIDE (TRAI		SHOULDER & LAP BELT				
		Helmet Use			Helmet Compliance				
		Eye Protection			Tint Compliance				
03	900	Injury	Injury Severity NO APPARENT I	NJURY	Airbag NON DEPLOYE	D			
		Ejected NOT EJECTED			Ejection Path NOT EJECTED/	NOT APPLICABL	Trapped/Extricated NOT TRAPPED		
		Medical Transport	TED		EMS Agency Ident		EMS Run #		
		Hospital			Date of Death		Time of Death		
		Non Motorist	Striking Unit #	Prior Action		Location	l	To/From School	

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UNIT	INDIVIDUAL	Action Other			
	Ľ	Drug & Alcohol Suspected Alcohol Use	Suspected Drug Use		
		Alcohol Test Given TEST NOT GIVEN Durg Test Given	Alcohol Test Type Drug Test Type	Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN		Drug Test Results	
03	006	Drug Type			
		Individual Condition			
		APPEARED NORMAL			