

6TL09XQXZ2
18-08042

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 18-08042		Investigating Officer/Deputy DEPUTY I. GALVAN	
Crash Date 07/25/2018		Crash Time 05:57 PM		Date Arrived 07/25/2018		Time Arrived 06:06 PM	
Date Notified 07/25/2018		Time Notified 05:59 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 checked="" 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	

Location					
ON MULBERRY ST 46 FT N OF LINN ST/ STH33 WB IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY		Latitude 43.47492614	Longitude -89.7670447	La/LongSource GPS	Access Control
		X Coordinate 276202.8125	Y Coordinate 4817276.5	On Roadway Link ID# 4558717	On Roadway Link Offset 782
		Override <input type="checkbox"/>	Tribal Land	Structure Type NO STRUCTURE	

Crash Scene		
First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 05--SIDESWIPE/SAME DIRECTION	Light Condition DAYLIGHT	
Road Surface Condition(s) DRY	Environment Factor(s) NONE	
Roadway Factor(s) WORK ZONE (CONSTRUCTION/MAINTENANCE/UTILITY)	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 FULL CONTROL	Special Study
Within Interchange Area NO	Junction Location INTERSECTION-RELATED	Intersection Type OTHER
Work Zone Crash Location TRANSITION AREA	Work Zone Crash Type LANE CLOSURE	
Workers Present UNKNOWN	Law Enforcement Present NO	
Work Zone Speed Limit 25	Advisory/Regulatory Speed Limit REGULATORY	Normal Posted Speed Limit 25

Unit Summary		
Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type AUTOMOBILE
Vehicle Type PASSENGER CAR	Operating As Endorsements	
Total Occs 2	Train/Bus # Injured	Total # Citations Issued 1
Insurance? NO	Direction Of Travel SOUTHBOUND	Total Trailers 0
Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT	<input type="checkbox"/> Pre Crash Tire Mark	Total HazMat Types 0
	Special Function NO SPECIAL FUNCTION	Speed Limit 05
		Total Lanes 2
		Emergency Motor Vehicle Use NOT APPLICABLE

01
UNIT

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01	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 NO					
01 UNIT INDIVIDUAL 01 UNIT INDIVIDUAL 01 UNIT INDIVIDUAL 01	Role DRIVER		Citations Issued 1		<input type="checkbox"/> Use Driver Address	
	Individual Type INDIVIDUAL		Last Name AVILES ORTIZ		First Name MIGUEL	
	Middle Initial A		Suffix		Street Address E8758 TERRYTOWN RD	
	Street Address 2		PO Box		City BARABOO	
	State WI		Zip Code 53913		Country of Residence UNITED STATES	
	DOB [REDACTED]		Sex M		Race W	
	Hair BROWN		Eyes BROWN		Height 509	
	Weight 165		Phone Number (608) 477-7407 EXT.		Driver's License Number [REDACTED]	
	State WI		License Jurisdiction STATE		Country of Issuance UNITED STATES	
	License Type NON-CDL DRIVER'S LICENSE		License Status VALID LICENSE		DL Expire Year 2023	
	Equipment		On Duty Accident		Safety Equipment SHOULDER & LAP BELT	
	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORC		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 APPLICA		Trapped/Extricated NOT TRAPPED		Medical Transport NOT TRANSPORTED	
EMS Agency Identifier		EMS Run #		Hospital		
Date of Death		Time of Death		Non Motorist		
Striking Unit #		Location		To/From School		
Prior Action		Action		Action Other		
Drug & Alcoh		Individual Condition APPEARED NORMAL		Suspected Alcohol Use		
Suspected Drug Use						

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UNIT INDIVIDUAL	NO		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							
UNIT INDIVIDUAL	Role PASSENGER		Citations Issued 0	<input type="checkbox"/> Use Driver Address	Individual Type INDIVIDUAL			
	Last Name SANTIAGO		First Name CARMELO		Middle Initial O	Suffix		
	Street Address 1341 CARPENTER ST		Street Address 2		PO Box			
	City BARABOO		State WI	Zip Code 53913	Country of Residence UNITED STATES			
	DOB [REDACTED]	Sex M	Race H	Hair	Eyes BLACK	Height 505	Weight 125	Phone Number (608) 477-7407 EXT.
	Driver's License Number [REDACTED]		State WI	License Jurisdiction STATE		Country of Issuance UNITED STATES		
	License Type NON-CDL DRIVER'S LICENSE		License Status REVOKED		DL Expire Year 2010			
	Equipment	On Duty Accident	Safety Equipment					
	Seat Position 3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEE		SHOULDER & LAP BELT					
	Helmet Use		Helmet Compliance					
	Eye Protection		Tint Compliance					
	UNIT INDIVIDUAL	Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED				
Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICA		Trapped/Extricated NOT TRAPPED				
Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #				
Hospital		Date of Death		Time of Death				
Non Motorist		Striking Unit #	Location		To/From School			
Prior Action		Action						
Action Other								
UNIT	Drug & Alcoh	Individual Condition APPEARED NORMAL						
	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					

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01 UNIT VEHICLE 01 INDIVIDUAL	Drug Type				
	License Plate Number AAE5783		Plate Type AUT - AUTOMOBILE		St WI
	Country of Issuance UNITED STATES		Year 1990		Make CHRYSLER
	Vehicle Identification Number 1C3XJ5538LG489484		Model LEBARON		Body Style CV - CONVERTIBLE
	Color RED - RED		Initial Contact Point 10--LEFT SIDE FRONT		Vehicle Damage 12--FRONT
	Extent Of Damage MINOR DAMAGE		Towed Due To Damage NOT TOWED		Vehicle Factors NOT APPLICABLE
	Vehicle Removed By OPERATOR		What Driver Was Doing STOP IN TRAFFIC		Driver Prior Action Other NOT A BUS
	Driver Actions FAILED TO YIELD RIGHT-OF-WAY		Driver Distractions NOT DISTRACTED		
	<input checked="" type="checkbox"/> Vehicle Owner Same As Operator		<input checked="" type="checkbox"/> Use Operator Address		
	Organization Type INDIVIDUAL		Company Name		
	Last Name AVILES ORTIZ		First Name MIGUEL		Middle A
	Suffix [REDACTED]		Date of Birth [REDACTED]		
	Street Address E8758 TERRYTOWN RD		Street Address2		PO Box
	City BARABOO		St WI	Zip Code 53913	Country of Residence UNITED STATES
	Telephone Number (608) 477-7407 EXT.				
01	Event MOTOR VEH IN TRANSPORT				
02	Event				
03	Event				
04	Event				
01	UTC Number AE757475	Issue To? 001	Statute Number 344.62(1)	Seq Num 001	
	Description OPERATE MOTOR VEHICLE W/O INSURANCE				

Unit Summary

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02	Unit Status IN TRANSIT		Vehicle Operating As Classification A CLASS		Unit Type TRUCK	
	Vehicle Type TRUCK TRACTOR (SEMI ATTACHED)				Operating As Endorsements	
UNIT	Total Occs 1	Train/Bus # Injured	Total # Citations Issued 0	Total Trailers 1	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel SOUTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 05	Total Lanes 2	
02	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						
02	Role DRIVER		Citations Issued 0	<input type="checkbox"/> Use Driver Address	Individual Type INDIVIDUAL	
	Last Name TARBELL		First Name BRUCE		Middle Initial K	Suffix
UNIT	Street Address 1865 N HAWTHORNE PARK DR		Street Address 2		PO Box	
	City JANESVILLE		State WI	Zip Code 53545	Country of Residence UNITED STATES	
	DOB [REDACTED]	Sex M	Race W	Hair RED	Eyes GREEN	Height 602
	Driver's License Number [REDACTED]		State WI	License Jurisdiction STATE	Country of Issuance UNITED STATES	
	License Type COMMERCIAL DRIVER LICENSE (CDL)		License Status VALID LICENSE		DL Expire Year 2018	
	Equipment	On Duty Accident	Safety Equipment			
	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORC		SHOULDER & LAP BELT			
	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 APPLICA		Trapped/Extricated NOT TRAPPED		
Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #		
Hospital		Date of Death		Time of Death		
Non Motorist	Striking Unit #	Location		To/From School		
Prior Action		Action				
		Action Other				
Drug & Alcoh	Individual Condition APPEARED NORMAL					
Suspected Alcohol Use			Suspected Drug Use			

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UNIT INDIVIDUAL	NO		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				
	License Plate Number 2576415		Plate Type APO - APPORTIONED	St IN	Country of Issuance UNITED STATES
	Vehicle Identification Number 1FUJGHDXFLFM6442			Year 2015	Make FREIGHTLINER CORP
	Model UNKNOWN		Body Style TK - TRUCK	Color BLU - BLUE	
	Initial Contact Point 4--RIGHT SIDE REAR		Vehicle Damage		
	Extent Of Damage NO DAMAGE		NO DAMAGE		
	Towed Due To Damage NOT TOWED		Vehicle Factors		
Vehicle Removed By OPERATOR		NOT APPLICABLE			
What Driver Was Doing RIGHT TURN		Driver Prior Action Other	Bus Use NOT A BUS		
Driver Actions NO CONTRIBUTING ACTION		Driver Distractions NOT DISTRACTED			
<input type="checkbox"/> Vehicle Owner Same As Operator		<input type="checkbox"/> Use Operator Address			
Organization Type ORGANIZATION/COMPANY		Company Name NATIONL FREIGHT INC			
Last Name		First Name	Middle	Suffix	
Street Address 510 S ENTERPRISE BLVD		Street Address2		PO Box	
City LEBANON		St IN	Zip Code 46052	Country of Residence UNITED STATES	
Telephone Number (608) 449-2313 EXT.					
01	01	Event MOTOR VEH IN TRANSPORT			
02	02	Event			
03	03	Event			
04	04	Event			
01	Insurance Company NATIONAL-UNION-FIRE-INS-CO-OF-PITTSBURGH-(<input checked="" type="checkbox"/> Policy Holder Same As Owner	<input checked="" type="checkbox"/> Policy Holder Same As Driver	
	Organization Type	Last Name	First Name	Policy Holder Company	

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UNIT 02	HOLDER	INDIVIDUAL		TARBELL		BRUCE			
		Trailer Plate # PT131B3	Plate Type TRL - TRAI	State PA	Country of Issuance UNITED STATES				
UNIT 02	TRAILER/TOWED	Make GREAT DANE		Unit Type SEMI TR	Vehicle Identification Number 1GRAA0628GB714554				
		<input type="checkbox"/> Trailer Owner Same As Vehicle							
		Organization Type ORGANIZATION/COMPANY			Company Name STROEHMANN LINE - HAUL L P				
		Last Name			First Name		Middle Initial	Suffix	
		Street Address 225 BUSINESS CENTER DR			Street Address2		PO Box		
		City HORSHAM		St PA	Zip Code 19044		Country of Residence UNITED STATES		
		Telephone Number (608) 477-2313 EXT.							
		<input checked="" type="checkbox"/> Use Vehicle Owner Same as Carrier				Source DRIVER			
		US DOT # 1486168				Carrier Name NATIONL FREIGHT INC			
		UNIT 02	TRUCK/BUS	Carrier Address 510 S ENTERPRISE BLVD		Carrier Address 2		Carrier PO Box Number	
City LEBANON				State IN	Zip Code 46052	Country of Residence UNITED STATES			
GVWR MORE THAN 26,000 LBS				Vehicle Configuration TRUCK TRACTOR/SEMI-TRAI		Cargo Body Type UNKNOWN			
Carrier Type OTHER OPERATION/NOT SPECIFIED				Permitted Load NOT APPLICABLE					
<input 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	

Description

Diagram

Reconstruction By
Photos By

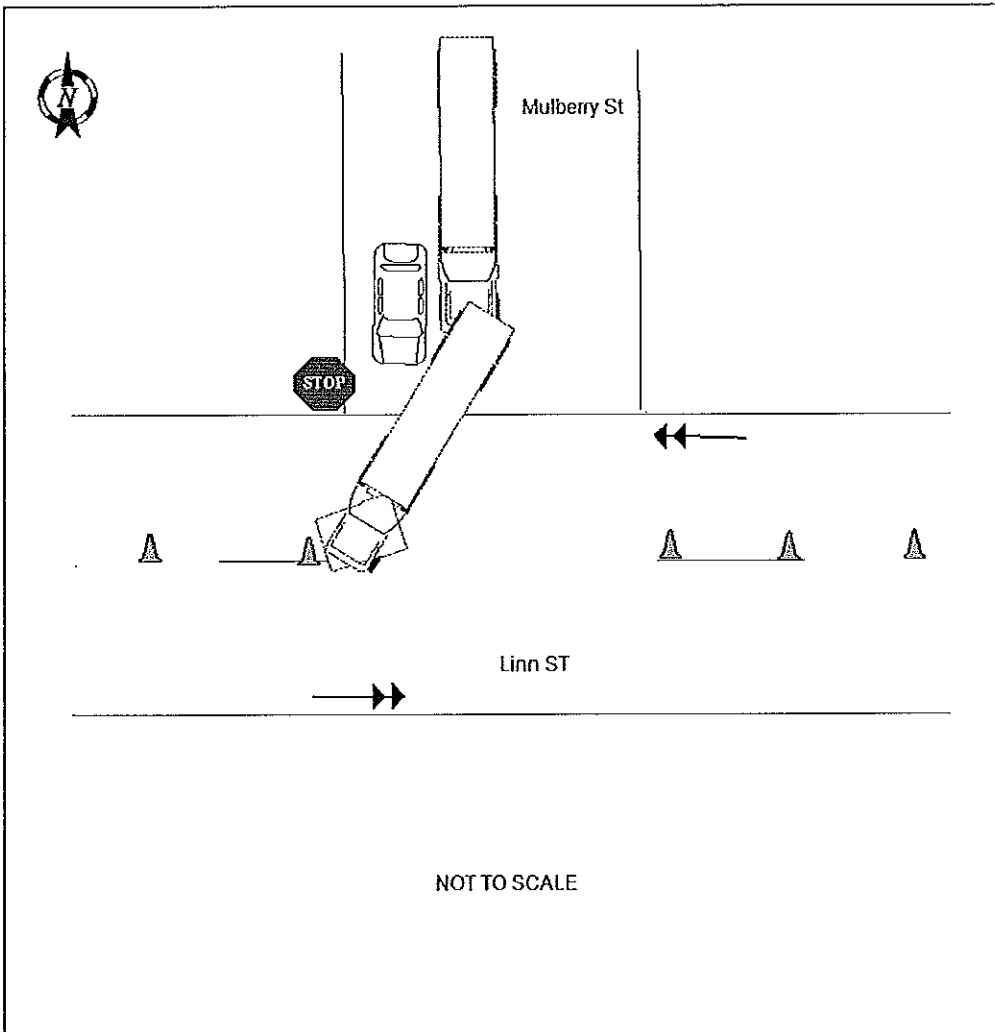
Additional Information

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NONE

UNIT 2 WAS WAITING TO TURN ONTO LINN ST. AND CONTINUE WESTBOUND. UNIT 2 HAD HIS TURN SIGNAL ACTIVATED. UNIT 1 APPROACHED AND STOP AT STOP SIGN ON UNIT 2 RIGHT SIDE. UNIT 1 WAS STRUCK BY UNIT 2. NO INJURIES REPORTED AND NO TOW WAS NEEDED. MINOR DAMAGE TO DRIVER SIDE POST AND FRONT WINDSHIELD. UNIT 1 WAS CITED FOR OPERATING A MOTOR VEHICLE WITHOUT INSURANCE.

Signature

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

Law Enforcement Agency

Agency Space				
Officer Rank DEP	Officer Last Name GALVAN	Officer First Name ISAAC	Officer Middle Name	Suffix
DOT Officer ID 9131		DNR Officer ID	Officer Badge Number	
Officer EMail				
Local Agency Number	Law Enforcement Agency Jurisdiction SAUK		Law Enforcement Agency type COUNTY SHERIFF	
Law Enforcement Agency Name SAUK COUNTY SHERIFFS DEPARTMEN			TAS Agency Name SAUK COUNTY SHERIFF	
Law Enforcement Agency Street Address 1300 LANGE COURT			Law Enforcement Agency Street Address2	
Law Enforcement Agency City		LEA State	Law Enforcement Agency Zip Code	

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BARABOO	WI	53913	
Law Enforcement Agency Phone Number (608) 356-4895 EXT.	ORI Number WI0570000	BFUNC Agency 5600	TraCS Agency Number 205

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