

6TL09PBQ94  
18-09262

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 <b>18-09262</b>	Investigating Officer/Deputy <b>DEPUTY B. STODDARD</b>	
Crash Date <b>08/23/2018</b>		Crash Time <b>08:45 AM</b>	Date Arrived <b>08/23/2018</b>	Time Arrived <b>09:19 AM</b>	
Date Notified <b>08/23/2018</b>		Time Notified <b>08:56 AM</b>	Total Units <b>02</b>	Total Injured <b>00</b>	Total Killed <b>00</b>
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input type="checkbox"/> Lane Closure	<input type="checkbox"/> Work Zone	<input type="checkbox"/> Trailer or Towed	<input type="checkbox"/> Reporting Threshold
<input type="checkbox"/> Government Property	<input type="checkbox"/> Active School Zone	School Bus Related <b>NO</b>		Tags	
<input checked="" type="checkbox"/> Reportable	Crash Type <b>DT4000 (STANDARD CRASH)</b>		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash	

Description

<p>Diagram</p> <p style="text-align: center;">Sauk Co</p> <p style="text-align: center;">USH 23</p> <p style="text-align: center;">Iowa Co</p> <p style="text-align: right;">Not to Scale</p>	Reconstruction By
	Photos By
	Additional Information <b>NONE</b>

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

UNIT 1 IS A CORN PICKER. UNIT 1 WAS NORTH ON STH 23, THE BRIDGE OVER THE WISCONSIN RIVER. UNIT 2 WAS SOUTH ON STH23, THE BRIDGE OVER THE WISCONSIN RIVER. UNIT 1 IS WIDER THAN THE LANE OF TRAVEL. PER WITNESS UNIT 1S FRONT TIRE WAS APPROXIMATELY 2 FEET OVER THE CENTERLINE. UNIT 2'S REAR DRIVER'S SIDE DUAL TIRE AND FENDER AND UNIT 1'S FRONT OUTER LEFT TIRE/RIM COLLIDED. WITNESS STATED UNIT 1 WAS SWAYING BACK IN FORTH DUE TO THE REAR STEER AND FELT THAT IF UNIT 1'S OPERATOR THROTTLED DOWN THAT THE SWAY WOULD HAVE LESSENED. WITNESS ALSO FELT THAT UNIT 2 OPERATOR COULD HAVE SLOWED TO AVOID A COLLISION.

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Location

<b>ON STH23 WB 918 FT N OF CTHC (BRIDGE )</b>  <b>IN THE TOWN OF SPRING GREEN IN SAUK COUNTY</b>	Latitude <b>43.145573391</b>	Longitude <b>-90.061008907</b>
	X Coordinate <b>251084.1875</b>	Y Coordinate <b>4781530</b>
	Structure Type <b>BRIDGE</b>	

Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>		First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>06--SIDESWIPE/OPPOSITE DIRECTION</b>		Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>		Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>			
Weather Condition(s) <b>CLEAR</b>			
Animal Type		Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>		Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land		Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>	

Unit Summary

<b>UNIT 01</b>	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>O CLASS</b>		Unit Type <b>EQUIPMENT</b>	
	Vehicle Type <b>FARM TRACTOR/SELF PROPELLED</b>				Operating As Endorsements	
	Total Occs <b>1</b>	Train/Bus # Injured	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>NORTHBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>55</b>	Total Lanes <b>2</b>	
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>		Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>CONCRETE</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>					

<b>UNIT 01</b>	<b>Vehicle</b>				
	License Plate Number		Plate Type	St	Country of Issuance
	Vehicle Identification Number <b>105800-200121</b>		Make	Year	Model <b>8420</b>
	Color <b>YEL - YELLOW</b>		Body Style <b>CI - CORN PICKER</b>		Bus Use <b>NOT A BUS</b>
	Initial Contact Point <b>11--LEFT FRONT CORNER</b>		Vehicle Damage <b>11--LEFT FRONT CORNER</b>		
Extent Of Damage <b>MINOR DAMAGE</b>					

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UNIT	VEHICLE	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>		
		What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors		
		Driver Prior Action Other		<b>NOT APPLICABLE</b>		
		Driver Actions <b>NO CONTRIBUTING ACTION</b>				
01	01	Driver Distractions <b>NOT DISTRACTED</b>				
		Owner Name <b>BIDDICK INC (608) 943-6363</b>		Owner Address <b>11623 STH 80 LIVINGSTON, WI 53554 , US</b>		
<b>Sequence Of Events</b>						
UNIT	INDIVIDUAL	01	Event <b>MOTOR VEH IN TRANSPORT</b>			
		02	Event			
		03	Event			
		04	Event			
<b>Policy Holder</b>						
UNIT	INDIVIDUAL	Insurance Company <b>TRICOR INS</b>		Organization/Company <b>BIDDICK INC</b>		
		Driver <b>WILLIAM STRAKA</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>	
UNIT	INDIVIDUAL	Date of Birth		Race <b>WHITE</b>		
		Address <b>520 W BARBER AVE LIVINGSTON, WI 53554 , US</b>		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
01	001	<b>Equipment</b>		On Duty Crash		
		Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>		Safety Equipment <b>RESTRAINT USE UNKNOWN</b>		
		Helmet Use		Helmet Compliance		
		Eye Protection		Tint Compliance		
		<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NOT APPLICABLE</b>	
		Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABL</b>		Trapped/Extricated <b>NOT TRAPPED</b>

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<b>UNIT</b>	<b>INDIVIDUAL</b>	Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier	EMS Run #		
		Hospital	Date of Death	Time of Death		
		<b>Non Motorist</b>	Striking Unit #	Prior Action	Location	To/From School
		Action				
		Action Other				
		<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>		
		Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type	Alcohol Test Results		
		Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results		
		Drug Type				
		Individual Condition <b>APPEARED NORMAL</b>				

## Unit Summary

<b>UNIT</b>	<b>02</b>	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>TRUCK</b>		
		Vehicle Type <b>UTILITY TRUCK/PICKUP TRUCK</b>	Operating As Endorsements			
		Total Occs <b>1</b>	Train/Bus # Injured	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
		Insurance? <b>YES</b>	Direction Of Travel <b>SOUTHBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>55</b>	Total Lanes <b>2</b>
		Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>		Special Function <b>NO SPECIAL FUNCTION</b>	Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
		Traffic Way <b>TWO-WAY, NOT DIVIDED</b>		Traffic Control <b>NO CONTROL</b>	Traffic Control Inoperative/Missing <b>NO</b>	
		Surface Type <b>CONCRETE</b>		Road Curvature <b>STRAIGHT</b>	Road Grade <b>LEVEL</b>	
		Truck Bus or HazMat <b>NO</b>				

<b>UNIT</b>	<b>VEHICLE</b>	<b>Vehicle</b>			
		License Plate Number <b>DG92745</b>	Plate Type <b>LTK - LIGHT TRUCK</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>3C63RRHL3FG590714</b>	Make <b>RAM</b>	Year <b>2015</b>	Model <b>NO DATA FO</b>
		Color <b>WHI - WHITE</b>	Body Style <b>PK - PICKUP</b>		Bus Use <b>NOT A BUS</b>
		Initial Contact Point <b>8--LEFT SIDE REAR</b>	Vehicle Damage		
		Extent Of Damage <b>FUNCTIONAL DAMAGE</b>	<b>7--LEFT REAR CORNER, 8--LEFT SIDE REAR</b>		

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UNIT	VEHICLE	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>		
		What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors		
		Driver Prior Action Other		<b>NOT APPLICABLE</b>		
		Driver Actions <b>NO CONTRIBUTING ACTION</b>				
02	02	Driver Distractions <b>NOT DISTRACTED</b>				
		Owner Name <b>SUPERIOR PLUMBING AND ELECTRIC LLC (608) 963-8495</b>		Owner Address <b>E5663 COUNTY RD B PLAIN, WI 53577 , US</b>		
<b>Sequence Of Events</b>						
UNIT	INDIVIDUAL	01	Event <b>MOTOR VEH IN TRANSPORT</b>			
		02	Event			
		03	Event			
		04	Event			
<b>Policy Holder</b>						
Insurance Company <b>MOTORISTS-COMMERCIAL-MUTUAL-INSURANC</b>			Organization/Company <b>SUPERIOR PLUMBING AND ELECTRIC LLC</b>			
<b>Individual</b>						
Driver <b>DONALD EDERER (608) 963-8497</b>		Citations Issued <b>0</b>		Sex <b>MALE</b>		
Address <b>E5930 IRISH VALLEY RD PLAIN, WI 53577 , US</b>		Date of Birth		Race <b>WHITE</b>		
Driver License Number		<b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>				
<b>Equipment</b>		On Duty Crash		Safety Equipment		
Seat Position <b>3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER</b>		<b>SHOULDER &amp; LAP BELT</b>				
Helmet Use		Helmet Compliance				
Eye Protection		Tint Compliance				
02	002	<b>Injury</b>		Airbag		
		Injury Severity <b>NO APPARENT INJURY</b>		<b>NON DEPLOYED</b>		
Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABL</b>		Trapped/Extricated <b>NOT TRAPPED</b>		

