

6TL09426RK
18-09982

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 18-09982	Investigating Officer/Deputy DEPUTY A. KULAS	
Crash Date 09/08/2018		Crash Time 08:20 PM	Date Arrived 09/08/2018	Time Arrived 08:38 PM	
Date Notified 09/08/2018		Time Notified 08:20 PM	Total Units 01	Total Injured 00	Total Killed 00
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input type="checkbox"/> Lane Closure	<input 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

Description

<p>Diagram</p> <p>CTH B</p> <p>Not to Scale</p> <p> = COW</p>	Reconstruction By
	Photos By
	Additional Information NONE

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

UNIT 1 WAS WESTBOUND ON CTH B. THERE WAS A LARGE BROWN COW IN THE MIDDLE OF THE ROADWAY. A BYSTANDER ATTEMPTED TO WAVE DOWN UNIT 1. THE OPERATOR OF UNIT 1 DID NOT SEE THE COW IN THE ROADWAY. UNIT 1 COLLIDED WITH THE COW. THE COW ENDED UP IN THE NORTH DITCH DECEASED. THE UNIT PULLED OFF ONTO THE SOUTH SHOULDER. OWNER OF COW WAS CITED FOR COUNTY ORDINANCE-ANIMAL AT LARGE.

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Location

ON CTHB WB 627 FT W OF HAUSNER RD IN THE TOWN OF TROY IN SAUK COUNTY	Latitude 43.251201007	Longitude -89.880233125
	X Coordinate 266189.40625	Y Coordinate 4792739.5
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event DOMESTICATED ANIMAL - ALIVE	First Harmful Event Location ON ROADWAY	
Manner of Collision NO COLLISION W/VEHICLE IN TRANSPORT	Light Condition DARK/UNLIT	
Road Surface Condition(s) DRY	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) CLEAR		
Animal Type OTHER NON DOMESTICATED	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 (SPORT) UTILITY VEHICLE			Operating As Endorsements		
	Total Occs 6	Train/Bus # Injured	Total # Citations Issued 0	Total Trailers 1	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	Total Lanes 2	
	Most Harmful Event: Collision With DOMESTICATED ANIMAL - ALIVE		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

01 UNIT	Vehicle				
	License Plate Number 187BEX	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
	Vehicle Identification Number 1FMSU41F1YEB19550	Make FORD	Year 2000	Model EXCURSION	
	Color TAN - TAN	Body Style UT - SPORT UTILITY VEHICLE		Bus Use NOT A BUS	
	Initial Contact Point 12--FRONT	Vehicle Damage 12--FRONT			
Extent Of Damage DISABLING DAMAGE					

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UNIT VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By EVERETTS TOWING	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
	Driver Distractions NOT DISTRACTED			
01	01	Owner Name VERNON H KNUTH (608) 415-0508		Owner Address 110 ROECKER ST LOGANVILLE, WI 53943 , US
Sequence Of Events				
	01	Event DOMESTICATED ANIMAL - ALIVE		
	02	Event		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company PROGRESSIVE-CASUALTY-INS-CO		Individual VERNON KNUTH	
UNIT TRAILER/ TOWED	Trailer/Towed			
	Trailer Plate #	Plate Type	Make BIGO	State
	Country of Issuance			
Unit Type UTILITY TRAILER	Individual NORMAN B YODER (608) 415-0508		Address S6685 SPING VALLEY RD LOGANVILLE, WI 53943 , US	
Vehicle Identification Number				
UNIT INDIVIDUAL	Individual			
	Driver VERNON H KNUTH (608) 415-0508		Citations Issued 0	Sex MALE
	Date of Birth [REDACTED]		Race WHITE	
	Address 110 ROECKER ST LOGANVILLE, WI 53943 , US		Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES	
	Equipment		On Duty Crash	
Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		Safety Equipment SHOULDER & LAP BELT		

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01	001	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 APPLICABL	Trapped/Extricated NOT TRAPPED		
		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					
		01	001	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							
Individual							
Passenger NORMAN J MAST (608) 727-2990				Citations Issued 0	Sex MALE		
				Date of Birth [REDACTED]	Race WHITE		
Address E5144 FRIENDSHIP DR LOGANVILLE, WI 53943 , US				Driver License Number [REDACTED]		STATE: WISCONSIN COUNTRY: UNITED STATES	
Equipment	On Duty Crash			Safety Equipment SHOULDER & LAP BELT			
Seat Position 6--SECOND SEAT-RIGHT SIDE							
Helmet Use		Helmet Compliance					
Eye Protection		Tint Compliance					
01	002	Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED			

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UNIT	INDIVIDUAL	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABL		Trapped/Extricated NOT TRAPPED	
		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					
01	002	Individual Condition APPEARED NORMAL					
		Individual					
		Passenger DUENE N MEST (608) 727-2990		Citations Issued 0		Sex MALE	
				Date of Birth [REDACTED]		Race WHITE	
		Address E5144 FRIENDSHIP DR LOGANVILLE, WI 53943 , US		Driver License Number			
		Equipment		On Duty Crash		Safety Equipment	
		Seat Position 8--THIRD SEAT-MIDDLE		SHOULDER & LAP BELT			
		Helmet Use		Helmet Compliance			
		Eye Protection		Tint Compliance			
		01	003	Injury		Injury Severity NO APPARENT INJURY	
Ejected NOT EJECTED				Ejection Path NOT EJECTED/NOT APPLICABL		Trapped/Extricated NOT TRAPPED	
Medical Transport NOT TRANSPORTED				EMS Agency Identifier		EMS Run #	
Hospital				Date of Death		Time of Death	

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UNIT	INDIVIDUAL	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							
		Individual							
		UNIT	INDIVIDUAL	Passenger NORMAN B YODER			Citations Issued 0		Sex MALE
Address S6685 SPRING VALLEY RD LOGANVILLE, WI 53943 , US				Date of Birth [REDACTED]		Race WHITE			
Driver License Number									
Equipment				On Duty Crash		Safety Equipment SHOULDER & LAP BELT			
Seat Position 3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER									
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 APPLICABL		Trapped/Extricated NOT TRAPPED			
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				

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UNIT 01	INDIVIDUAL 004	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				
		Individual				
		Passenger KATHRYN J MEST	Citations Issued 0	Sex FEMALE		
		Address E5144 FRIENDSHIP DR LOGANVILLE, WI 53943 , US	Date of Birth [REDACTED]	Race WHITE		
Driver License Number						
UNIT 01	INDIVIDUAL 005	Equipment	On Duty Crash	Safety Equipment		
		Seat Position 4--SECOND SEAT-LEFT SIDE(MOTORCYCLE/BI	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 APPLICABL	Trapped/Extricated NOT TRAPPED		
		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

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UNIT 01	INDIVIDUAL 005	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				
		Individual				
		Passenger MATTHEW N MEST	Citations Issued 0	Sex MALE		
		Address E5144 FRIENDSHIP RD LOGANVILLE, WI 53943 , US	Date of Birth [REDACTED]	Race WHITE		
Driver License Number						
UNIT 01	INDIVIDUAL 006	Equipment	On Duty Crash	Safety Equipment		
		Seat Position 5--SECOND SEAT-MIDDLE	CHILD RESTRAINT SYSTEM - FORWARD FACING			
		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 APPLICABL	Trapped/Extricated NOT TRAPPED		
		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

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UNIT	INDIVIDUAL		
	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		
01	006	Individual Condition	
		APPEARED NORMAL	

Property Owner

PROP OWNER	01	Individual RHETT TYLER JAQUISH (608) 544-3969	Address E8517 COUNTY ROAD B SAUK CITY, WI 53583 , US

Fixed Objects Struck

01	Striking Unit 01	Struck Object DOMESTICATED ANIMAL - ALIVE	Structure Number	Damage Tag Number