

6TL0B8M7TK  
18-09548

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>18-09548</b>		Investigating Officer/Deputy <b>DEPUTY B. MEARS</b>		
Crash Date <b>08/29/2018</b>		Crash Time <b>08:05 AM</b>		Date Arrived <b>08/29/2018</b>		Time Arrived <b>08:10 AM</b>		
Date Notified <b>08/29/2018</b>		Time Notified <b>08:07 AM</b>		Total Units <b>01</b>		Total Injured <b>01</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 checked="" type="checkbox"/> Trailer or Towed	<input checked="" 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>	Reconstruction By
	Photos By <b>DEPUTY MEARS</b>
	Additional Information <b>PHOTOS</b>

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

UNIT WAS WB ON CTH K GOING AROUND A CURVE AT FINNEGAN RD. OPERATOR STATED THE CARGO LOAD SHIFTED CAUSING THE TRAILER TO SWERVE. THE TRAILER TURNED ONTO ITS RT SIDE AND SLID ABOUT FT INTO THE RT/NORTH SIDE DITCH WHERE IT CAME TO REST ON THE PASSENGER SIDE FACING SW. OPERATOR WAS NOT INJURED. PASSENGER SUFFERED MINOR ABRASIONS TO HIS RT HAND AND RT FOOT AND REFUSED AN AMBULANCE. UNIT WAS SEVERELY DAMAGED AND WAS REMOVED BY SHIELDS TOWING. CARGO WAS OFF LOADED INTO A REFRIGERATED TRUCK BY SKINNER TRANSFER.

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Location

ON CTHK NB 87 FT S OF FINNEGAN RD IN THE TOWN OF IRONTON IN SAUK COUNTY	Latitude <b>43.510738699</b>	Longitude <b>-90.102855581</b>
	X Coordinate <b>249189.640625</b>	Y Coordinate <b>4822212</b>
	Structure Type <b>NO STRUCTURE</b>	

Crash Scene

First Harmful Event <b>CARGO/EQUIPMENT LOSS OR SHIFT</b>		First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>NO COLLISION W/VEHICLE IN TRANSPORT</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>CLOUDY</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

UNIT 01	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>A CLASS</b>		Unit Type <b>TRUCK</b>		
	Vehicle Type <b>TRUCK TRACTOR (SEMI ATTACHED)</b>				Operating As Endorsements		
	Total Occs <b>02</b>	Train/Bus # Injured	Total # Citations Issued <b>0</b>	Total Trailers <b>1</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>02</b>		
	Most Harmful Event: Collision With <b>OVERTURN/ROLLOVER</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>WARNING SIGN</b>		Traffic Control Inoperative/Missing <b>NO</b>		
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>CURVE LEFT</b>		Road Grade <b>DOWNHILL</b>		
	Truck Bus or HazMat <b>TRUCK OR TRUCK COMBINATION &gt; 10,000LBS GVWR/GCWR</b>						
	UNIT 01 VEHICLE 01	<b>Vehicle</b>					
		License Plate Number <b>2688409</b>		Plate Type <b>APO - APPORTIONED</b>	St <b>IN</b>	Country of Issuance <b>UNITED STATES</b>	
Vehicle Identification Number <b>3AKJGLDR2HSJA1120</b>		Make <b>FREIGHTLINER CORP</b>	Year <b>2017</b>	Model <b>UNK</b>			
Color <b>WHI - WHITE</b>		Body Style <b>SE - SEMI-TRAILER</b>		Bus Use <b>NOT A BUS</b>			
Initial Contact Point <b>4--RIGHT SIDE REAR</b>		Vehicle Damage <b>1--RIGHT FRONT CORNER, 2--RIGHT SIDE FRONT, 3--RIGHT SIDE MIDDLE, 4--RIGHT SIDE REAR, 5--RIGHT REAR CORNER, 6--REAR, 7--LEFT REAR CORNER</b>					
Extent Of Damage <b>DISABLING DAMAGE</b>							

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UNIT VEHICLE	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>SHIELDS TOWING</b>	
	What Driver Was Doing <b>NEGOTIATING CURVE</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>SPEED TOO FAST/COND, FAILURE TO CONTROL, RAN OFF ROADWAY</b>			
01	Driver Distractions <b>NOT DISTRACTED</b>			
	Owner Name <b>RYDER (813) 621-8836</b>		Owner Address <b>11670 N W 105 ST MIAMI, FL 33178 0000, US</b>	
<b>Sequence Of Events</b>				
01	Event <b>CARGO/EQUIPMENT LOSS OR SHIFT</b>			
02	Event <b>OVERTURN/ROLLOVER</b>			
03	Event <b>DITCH</b>			
04	Event			
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>OLD-REPUBLIC-INS-CO</b>		Organization/Company <b>RYDER</b>	
UNIT TRAILER/ TOWED	<b>Trailer/Towed</b>			
	Trailer Plate # <b>3743CW</b>	Plate Type <b>STL - SEMI</b>	Make <b>UTILITY</b>	State <b>FL</b>
	Country of Issuance <b>UNITED STATES</b>	Address <b>14160 PALMETTO FREIGHTING RD MIAMI LAKES, FL 33016 1506, US</b>		
UNIT INDIVIDUAL	Unit Type <b>SEMI TRAILER</b>		Organization/Company <b>USA TRUCK LEASING (305) 819-3000</b>	
	Vehicle Identification Number <b>1UYVS25376M818570</b>			
	<b>Individual</b>			
	Driver <b>JEAN C ROHENA (773) 853-1240</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
Address <b>136 HENTHORNE LAKEWORTH, FL 34461 , US</b>		Date of Birth <b>[REDACTED]</b>	Race <b>HISPANIC</b>	
		Driver License Number <b>[REDACTED]</b>		
		STATE: FLORIDA COUNTRY: UNITED STATES		
<b>Equipment</b>		On Duty Crash		Safety Equipment
Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>		<b>SHOULDER &amp; LAP BELT</b>		

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01	001	Helmet Use		Helmet Compliance				
		Eye Protection		Tint Compliance				
		<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>				
		Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABL</b>	Trapped/Extricated <b>NOT TRAPPED</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						
		01	001	<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>								
01	001			<b>Individual</b>				
				Passenger <b>JUAN A RAMOS</b> <b>(561) 574-2230</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>	
						Date of Birth [REDACTED]	Race <b>WHITE</b>	
				Address <b>136 HENTHORNE</b> <b>LAKEWORTH, FL 34461 , US</b>		Driver License Number [REDACTED] <b>STATE: FLORIDA COUNTRY: UNITED STATES</b>		
				<b>Equipment</b>		On Duty Crash	Safety Equipment	
		Seat Position <b>OTHER ROW (BUS, 15 PASSENGER VAN, ETC)</b>		<b>NONE USED - VEHICLE OCCUPANT</b>				
		Helmet Use		Helmet Compliance				
		Eye Protection		Tint Compliance				
		01	002	<b>Injury</b>	Injury Severity <b>SUSPECTED MINOR INJURY</b>	Airbag <b>NOT APPLICABLE</b>		

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UNIT	Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABL</b>		Trapped/Extricated <b>NOT TRAPPED</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						
01	002	Individual Condition <b>APPEARED NORMAL</b>					
		<b>Carrier</b>					
		<input type="checkbox"/> Use Vehicle Owner Same as Carrier			Source <b>VEHICLE-SIDE</b>		
		Name <b>ALL AMERICA CARRIERS USDOT# 1702727</b>			Address <b>14160 PALMETTO FREIGHTING RD STE 195 MIAMI LAKES, FL 33016 1506, US</b>		
		GVWR <b>MORE THAN 26,000 LB</b>		Vehicle Configuration <b>TRUCK TRACTOR/SEMI-TRAILER</b>		Cargo Body Type <b>VAN/ENCLOSED BOX</b>	
		US DOT # <b>1702727</b>		Carrier Type <b>INTERSTATE CARRIER</b>		Permitted Load <b>NOT APPLICABLE</b>	
		<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 Weight	
		UNIT	01	01	001	TRUCK	BUS