

6TL0B4X4JN

18-11103

Wisconsin Motor Vehicle Crash Report

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

6TL0B4X4JN

Document Number Override		Primary Crash Document #		Agency Crash Number 18-11103		Investigating Officer/Deputy DEPUTY E. KNULL	
Crash Date 10/06/2018		Crash Time 01:42 PM		Date Arrived 10/06/2018		Time Arrived 01:50 PM	
Date Notified 10/06/2018		Time Notified 01:42 PM		Total Units 02		Total Injured 00	Total Killed 00
<input type="checkbox"/> On Emergency	<input checked="" 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 NO		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)				<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Location

INTERSECTION ON RAMP USH12 WB AT USH12 NB IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude 43.55775473	Longitude -89.7792364	Lat/LongSource TLT/ILT	Access Control
	X Coordinate 275524.2187	Y Coordinate 4826508.5	On Roadway Link ID# 5209483	On Roadway Link Offset 69
	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 02--FRONT TO REAR		Light Condition DAYLIGHT	
Road Surface Condition(s) DRY		Environment Factor(s) NONE	
Roadway Factor(s) NONE		Weather Condition(s) CLOUDY	
Animal Type		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 ENTRANCE RAMP-RELATED		Intersection Type NOT AN INTERSECTION

Unit Summary

01	Unit Status HIT AND RUN		Vehicle Operating As Classification D CLASS		Unit Type TRUCK	
	Vehicle Type CARGO VAN (10,000 LBS OR LESS)				Operating As Endorsements	
UNIT	Total Occs 2	Train/Bus # Injured	Total # Citations Issued 0		Total Trailers 0	Total HazMat Types 0
	Insurance? UNKNOWN	Direction Of Travel NORTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark		Speed Limit 45	Total Lanes 1
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION			Emergency Motor Vehicle Use NOT APPLICABLE
	Traffic Way ENTRANCE/EXIT RAMP		Traffic Control NO CONTROL			Traffic Control Inoperative/Missing NO
	Surface Type CONCRETE		Road Curvature STRAIGHT			Road Grade UPHILL
01	Truck Bus or HazMat NO					

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01 UNIT INDIVIDUAL	Role DRIVER		Citations Issued 0	<input type="checkbox"/> Use Driver Address	Individual Type INDIVIDUAL			
	Last Name		First Name		Middle Initial	Suffix		
	Street Address		Street Address 2		PO Box			
	City		State	Zip Code	Country of Residence			
	DOB	Sex M	Race W	Hair WHITE	Eyes	Height	Weight	Phone Number
	Driver's License Number		State	License Jurisdiction		Country of Issuance		
	License Type		License Status		DL Expire Year			
	Equipment	On Duty Accident		Safety Equipment				
	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORC		RESTRAINT USE UNKNOWN					
	Helmet Use		Helmet Compliance					
	Eye Protection		Tint Compliance					
	Injury	Injury Severity NO APPARENT INJURY		Airbag NOT APPLICABLE				
	Ejected NOT APPLICABLE		Ejection Path NOT EJECTED/NOT APPLICA		Trapped/Extricated NOT APPLICABLE			
	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 NOT OBSERVED							
Suspected Alcohol Use			Suspected Drug Use					
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 UNIT INDIVIDUAL	Role PASSENGER		Citations Issued 0	<input type="checkbox"/> Use Driver Address	Individual Type INDIVIDUAL			
	Last Name		First Name		Middle Initial	Suffix		
	Street Address		Street Address 2		PO Box			
	City		State	Zip Code	Country of Residence			

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UNIT INDIVIDUAL 02	DOB		Sex F	Race W	Hair	Eyes	Height	Weight	Phone Number
	Driver's License Number				State	License Jurisdiction	Country of Issuance		
	License Type				License Status			DL Expire Year	
	Equipment		On Duty Accident		Safety Equipment				
	Seat Position 3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINE)				RESTRAINT USE UNKNOWN				
	Helmet Use				Helmet Compliance				
	Eye Protection				Tint Compliance				
	Injury		Injury Severity NO APPARENT INJURY		Airbag NOT APPLICABLE				
	Ejected NOT APPLICABLE				Ejection Path NOT EJECTED/NOT APPLICA		Trapped/Extricated NOT APPLICABLE		
	Medical Transport NOT TRANSPORTED				EMS Agency Identifier		EMS Run #		
UNIT INDIVIDUAL 02	Hospital				Date of Death		Time of Death		
	Non Motorist		Striking Unit #		Location		To/From School		
	Prior Action				Action				
					Action Other				
	Drug & Alcoh		Individual Condition NOT OBSERVED						
	Suspected Alcohol Use				Suspected Drug Use				
	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	License Plate Number				Plate Type		St	Country of Issuance
Vehicle Identification Number						Year	Make		
Model				Body Style CB - CAB CHASSIS		Color			

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UNIT	VEHICLE	01	Initial Contact Point 6--REAR	Vehicle Damage UNKNOWN			
		01	Extent Of Damage UNKNOWN	UNKNOWN			
			Towed Due To Damage NOT TOWED	Vehicle Factors NOT APPLICABLE			
			Vehicle Removed By OPERATOR				
			What Driver Was Doing BACKING	Driver Prior Action Other	Bus Use NOT A BUS		
			Driver Actions UNSAFE BACKING	Driver Distractions UNKNOWN IF DISTRACTED			
		<input type="checkbox"/> Vehicle Owner Same As Operator		<input type="checkbox"/> Use Operator Address			
		Organization Type ORGANIZATION/COMPANY	Company Name UHAUL				
		Last Name	First Name	Middle	Suffix	Date of Birth	
		Street Address	Street Address2	PO Box			
		City	St	Zip Code	Country of Residence		
		Telephone Number					
01	01	Event MOTOR VEH IN TRANSPORT					
02	02	Event					
03	03	Event					
04	04	Event					

Unit Summary

UNIT	02	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE		
		Vehicle Type (SPORT) UTILITY VEHICLE			Operating As Endorsements		
		Total Occs 4	Train/Bus # Injured	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
		Insurance? YES	Direction Of Travel NORTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 45	Total Lanes 1	
		Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
		Traffic Way ENTRANCE/EXIT RAMP		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
02	02	Surface Type CONCRETE	Road Curvature STRAIGHT		Road Grade UPHILL		
		Truck Bus or HazMat NO					
02	03	Role DRIVER	Citations Issued 0	<input type="checkbox"/> Use Driver Address	Individual Type INDIVIDUAL		
		Last Name PRIBEK	First Name RANDAL	Middle Initial JOSEPH	Suffix		

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UNIT INDIVIDUAL 03	Street Address 1835 ORCHARD LN		Street Address 2		PO Box			
	City OSHKOSH		State WI	Zip Code 54902	Country of Residence UNITED STATES			
	DOB [REDACTED]	Sex M	Race W	Hair GRAY	Eyes GREEN	Height 600	Weight 214	Phone Number (920) 231-4355 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 2019		
	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					
	UNIT INDIVIDUAL 03	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 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								
UNIT INDIVIDUAL 04	Role PASSENGER		Citations Issued 0	<input checked="" type="checkbox"/> Use Driver Address	Individual Type INDIVIDUAL			
	Last Name PRIBEK		First Name LINDA		Middle Initial K	Suffix		
	Street Address 1835 ORCHARD LN		Street Address 2		PO Box			
	City		State	Zip Code	Country of Residence			

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UNIT INDIVIDUAL 04	OSHKOSH			WI	54902	UNITED STATES	
	DOB	Sex F	Race W	Hair BLOND	Eyes GREEN	Height 502	Weight 150 Phone Number (920) 231-4355 EXT.
	Driver's License Number			State WI	License Jurisdiction STATE	Country of Issuance UNITED STATES	
	License Type NON-CDL DRIVER'S LICENSE			License Status VALID LICENSE		DL Expire Year 2019	
	Equipment	On Duty Accident		Safety Equipment			
	Seat Position 4--SECOND SEAT-LEFT SIDE(MOTORCYCLE/B			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		
UNIT INDIVIDUAL 04	Non Motorist	Striking Unit #		Location		To/From School	
	Prior Action			Action			
				Action Other			
	Drug & Alcoh	Individual Condition APPEARED NORMAL					
	Suspected Alcohol Use NO			Suspected Drug Use NO			
UNIT INDIVIDUAL 05	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						
	Role PASSENGER			Citations Issued 0	<input type="checkbox"/> Use Driver Address	Individual Type INDIVIDUAL	
Last Name TROUDT			First Name GARY		Middle Initial JAMES	Suffix	
Street Address 1875 QUEENS DR			Street Address 2		PO Box		
City			State		Zip Code		
						Country of Residence	

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UNIT INDIVIDUAL 05	OSHKOSH			WI	54904	UNITED STATES	
	DOB	Sex M	Race W	Hair BROWN	Eyes GREEN	Height 507	Weight 182 Phone Number (920) 312-3701 EXT.
	Driver's License Number			State WI	License Jurisdiction STATE	Country of Issuance UNITED STATES	
	License Type COMMERCIAL DRIVER LICENSE (CDL)			License Status VALID LICENSE		DL Expire Year 2024	
	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			
	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 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							
UNIT INDIVIDUAL 06	Role PASSENGER			Citations Issued 0	<input type="checkbox"/> Use Driver Address	Individual Type INDIVIDUAL	
	Last Name TROUDT			First Name DINA		Middle Initial MARY	Suffix
	Street Address 1875 QUEENS DR			Street Address 2		PO Box	
City			State		Zip Code		Country of Residence

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UNIT	INDIVIDUAL	OSHKOSH		WI	54904	UNITED STATES	
		DOB [REDACTED]	Sex F	Race W	Hair BROWN	Eyes GREEN	Height 504
UNIT	INDIVIDUAL	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 2021	
UNIT	06	Equipment	On Duty Accident	Safety Equipment			
		Seat Position 6--SECOND SEAT-RIGHT SIDE	SHOULDER & LAP BELT				
UNIT	INDIVIDUAL	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			
UNIT	INDIVIDUAL	Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #	
		Hospital		Date of Death		Time of Death	
UNIT	06	Non Motorist	Striking Unit #	Location		To/From School	
		Prior Action		Action			
UNIT	INDIVIDUAL	Drug & Alcohol		Individual Condition APPEARED NORMAL			
		Suspected Alcohol Use NO		Suspected Drug Use NO			
UNIT	INDIVIDUAL	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type		Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results	
UNIT		Drug Type					
UNIT		License Plate Number 784HED		Plate Type AUT - AUTOMOBILE		St WI	Country of Issuance UNITED STATES
UNIT		Vehicle Identification Number 5XYZWDLA8HG460207			Year 2017	Make HYUNDAI	
UNIT		Model SANTA FE S		Body Style UT - SPORT UTILITY VEHICLE		Color BLK - BLACK	

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UNIT	VEHICLE	02	Initial Contact Point 12--FRONT	Vehicle Damage		
		02	Extent Of Damage FUNCTIONAL DAMAGE	12--FRONT		
			Towed Due To Damage NOT TOWED	Vehicle Factors		
			Vehicle Removed By OWNER	NOT APPLICABLE		
			What Driver Was Doing STOP IN TRAFFIC	Driver Prior Action Other	Bus Use NOT A BUS	
			Driver Actions NO CONTRIBUTING ACTION	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 PRIBEK	First Name RANDAL	Middle JOSEPH	Suffix Date of Birth [REDACTED]	
		Street Address 1835 ORCHARD LN	Street Address2	PO Box		
		City OSHKOSH	St WI	Zip Code 54902	Country of Residence UNITED STATES	
		Telephone Number (920) 231-4355 EXT.				
UNIT	HOL DER	01	Event MOTOR VEH IN TRANSPORT			
		02	Event			
		03	Event			
		04	Event			
		Insurance Company PEKIN-INS-CO	<input checked="" type="checkbox"/> Policy Holder Same As Owner		<input checked="" type="checkbox"/> Policy Holder Same As Driver	
		Organization Type INDIVIDUAL	Last Name PRIBEK	First Name RANDAL	Policy Holder Company	

Description

Diagram

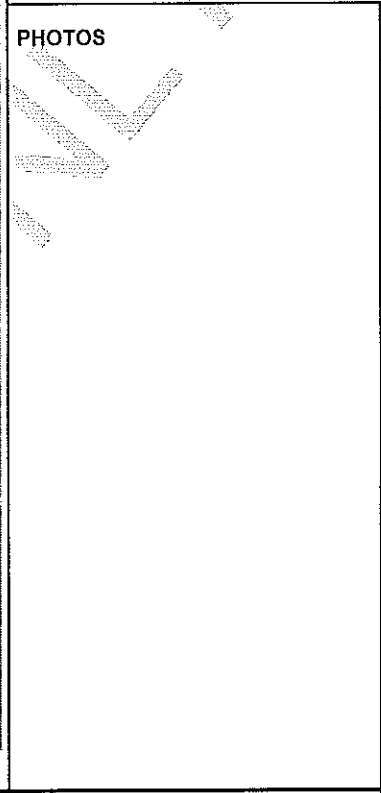
Reconstruction By
Photos By WITNESS

Additional Information

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UNIT 1 IS A UHAUL. WENT THROUGH ROUNDABOUT AND ONTO USH 12 ONRAMP. STOPPED IN TRAFFIC AND BACKED UP INTO UNIT 2 THAT HAD STOPPED BEHIND UNIT 1. OPERATOR OF UNIT 1 DID SPEAK TO OPERATOR OF UNIT 2 HOWEVER DID NOT GIVE ANY INFORMATION AND LEFT THE SCENE. NO INJURIES REPORTED. FUNCTIONAL DAMAGE TO UNIT 2. UNKNOWN IF ANY DAMAGE TO UNIT 1.

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 KNULL	Officer First Name ERIC	Officer Middle Name D	Suffix
DOT Officer ID 9141		DNR Officer ID	Officer Badge Number 9141	
Officer EMail				
Local Agency Number	Law Enforcement Agency Jurisdiction SAUK		Law Enforcement Agency type COUNTY SHERIFF	
Law Enforcement Agency Name SAUK COUNTY SHERIFFS DEPTMEN			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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Law Enforcement Agency Phone Number (608) 356-4895 EXT.	ORI Number WI0570000	BFUNC Agency 5600	TraCS Agency Number 205

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