

6TL0BLHJP9  
18-11844

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>18-11844</b>	Investigating Officer/Deputy <b>DEPUTY W. NEUBAUER</b>	
Crash Date <b>10/24/2018</b>		Crash Time <b>07:20 PM</b>	Date Arrived <b>10/24/2018</b>	Time Arrived <b>08:02 PM</b>	
Date Notified <b>10/24/2018</b>		Time Notified <b>07:35 PM</b>	Total Units <b>01</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 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 <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 W. NEUBAUER</b>
	Additional Information <b>NONE, PHOTOS</b>

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

U1 WAS TRAVELING E/B ON CTY O WHILE TOWING A GRAIN BIN TRAILER. U1'S RECEIVER HITCH BROKE. THE GRAIN BIN TRAILER COLLIDED WITH THE REAR OF U1 AND LEFT THE ROADWAY ON THE NORTH SIDE OF THE ROADWAY COLLIDING WITH A TREE AND COMING TO REST.

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Location

ON CTHO EB 221 FT W OF LOYSTER RD IN THE TOWN OF PRAIRIE DU SAC IN SAUK COUNTY	Latitude <b>43.278062398</b>	Longitude <b>-89.819584606</b>
	X Coordinate <b>271213.65625</b>	Y Coordinate <b>4795554.5</b>
	Structure Type <b>NO STRUCTURE</b>	

Crash Scene

First Harmful Event <b>OTHER OBJECT - NOT FIXED</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>NO COLLISION W/VEHICLE IN TRANSPORT</b>	Light Condition <b>DARK/UNLIT</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</b>	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>C CLASS</b>		Unit Type <b>TRUCK</b>	
	Vehicle Type <b>UTILITY TRUCK/PICKUP TRUCK</b>	Operating As Endorsements			
	Total Occs <b>2</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>EASTBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>55</b>	Total Lanes <b>2</b>
	Most Harmful Event: Collision With <b>OTHER OBJECT - NOT FIXED</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>BLACKTOP (BITUMINOUS)</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>235276F</b>	Plate Type <b>FRM - FARM</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>1FT8W3B60FEC09285</b>	Make <b>FORD</b>	Year <b>2015</b>	Model <b>F-350</b>
		Color <b>DGR - GREEN, DARK</b>	Body Style <b>4D - 4DR</b>		Bus Use <b>NOT A BUS</b>
		Initial Contact Point <b>6--REAR</b>	Vehicle Damage		
		Extent Of Damage <b>MINOR DAMAGE</b>	<b>6--REAR, 7--LEFT REAR CORNER, 8--LEFT SIDE REAR</b>		

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<b>UNIT</b>	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>COUPLING DEVICE/TRAILER HITCH/SAFETY CHAINS</b>			
	Driver Actions <b>NO CONTRIBUTING ACTION</b>					
	Driver Distractions <b>NOT DISTRACTED</b>					
<b>01</b>	<b>01</b>	Owner Name <b>JOSEPH L NOLTNER (608) 963-4660</b>		Owner Address <b>E11225 HWY 60 SAUK CITY, WI 53583 , US</b>		
		<b>Sequence Of Events</b>				
<b>01</b>	<b>01</b>	Event <b>OTHER OBJECT - NOT FIXED</b>				
		Event				
		Event				
		Event				
<b>UNIT</b>	<b>01</b>	<b>Policy Holder</b>				
		Insurance Company <b>HASTINGS-MUTUAL-INS-CO</b>	Individual <b>JOSEPH NOLTNER</b>			
<b>UNIT</b>	<b>01</b>	<b>Trailer/Towed</b>				
		Trailer Plate #	Plate Type	Make <b>BRENT UNIV</b>	State	Country of Issuance
		Unit Type <b>UTILITY TRAILER</b>	Individual <b>JOSEPH L NOLTNER (608) 963-4660</b>		Address <b>E11225 HWY 60 SAUK CITY, WI 53583 , US</b>	
<b>UNIT</b>	<b>INDIVIDUAL</b>	<b>Individual</b>				
		Driver <b>JOSEPH L NOLTNER (608) 963-4660</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>		
		Date of Birth [REDACTED]		Race <b>WHITE</b>		
Address <b>E11225 HWY 60 SAUK CITY, WI 53583 , US</b>		Driver License Number [REDACTED] <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>				
<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>							
<b>Individual</b>							
Passenger <b>SAMUEL J TERPSTRA</b>				Citations Issued <b>0</b>	Sex <b>MALE</b>		
				Date of Birth [REDACTED]	Race <b>WHITE</b>		
Address <b>UNKNOWN WATERTOWN, WI 53094 , US</b>				Driver License Number			
<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					
01	002	<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>			

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<b>UNIT</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					
	<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					
<b>01</b>	<b>002</b>	Individual Condition				
		<b>APPEARED NORMAL</b>				