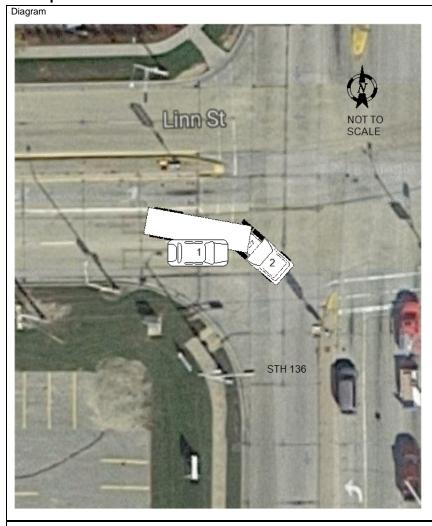
18-12058

### WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	,		Agency Crash Number 18-12058 Date Arrived 10/30/2018		Investigating Officer/Deputy DEPUTY E. KNULL Time Arrived 06:37 AM			
<u>ط</u>	Crash Date 10/30/2018								
4X4	Date Notified 10/30/2018	Time Notified 06:30 AM		Total Units <b>02</b>		Total Injured 01			
<u>0</u>	On Emergency Hi	and Run		ure Work Zone		<b>▼</b> Trailer or Towed		Reporting Threshold	
<b>ET</b>	Government Active Sch		school Bus Related NO		Tags				
	Crash Type DT4000 (STANDARD CRAS			)		Amended		Secondary Crash	

Description



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.

OPERATOR OF UNIT 2 WAS ATTEMPTING TO MAKE A SB TURN ONTO STH 136 AND UNIT 1 MOVED TO THE RIGHT SIDE OF UNIT 2. UNIT 2 DID NOT SEE UNIT 1 AND STRUCK UNIT 1. OPERATOR OF UNIT 2 WAS NOT INJURED AND VEHICLE SUSTAINED MINOR DAMAGE. UNIT 1 OPERATOR HAD MINOR INJURY AND WENT TO HOSPITAL VIA PRIVATE VEHICLE. UNIT 1 SUSTAINED DISABLING DAMAGE AND WAS TOWED BY MIKES TOWING. OPERATOR OF UNIT 1 CITED FOR OWL AND NO INSURANCE. UNIT 2 REMOVED FROM SCENE BY OPERATOR.

### 6TL0B4X4JP 18-12058

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 10/30/2018

Crash Time 06:30 AM

Lo	cation ====										
	LINN ST/ STH136 EB					Latitude			Longitud	de	
	FT W					43.47476	64336		-89.769	188825	
	LINN ST/ STH33 WB	X Coordinate Y Coordinate				linate					
	THE VILLAGE OF WES	276028.8125 4817264									
	CACIT COCKT	Structure NO STR									
						NO STR	OCTORE				
	ash Scene					F:	(15 (1				
	OTOR VEH IN TRANSP	ORT				ON ROA	nful Event Lo DWAY	ocation			
	nner of Collision					Light Cond					
05-	SIDESWIPE/SAME DI	RECTION				DARK/LI	IGHTED				
Roa	ad Surface Condition(s)					Roadway	Factor(s)				
DR	RY										
Enν	vironment Factor(s)										
NO	ONE					NONE					
We	eather Condition(s)										
CL	EAR										
Ani	mal Type					Relation T	o Trafficway	<i>I</i>			
	,,						CWAY - O				
Cra	ash Classification - Location					Crash Classification - Jurisdiction					
	PUBLIC PROPERTY					NO SPECIAL JURISDICTION					
Tribal Land						Access Control Special Study NO CONTROL				Special Study	
Within Interchange Area Junction Location					Intersection Type						
	NO INTERSECTION				FOUR-WAY INTERSECTION						
	sure Type NE CLOSURE			Reasons for Closure							
Date Initial Lane/Rd Closed Time Initial Lane/Rd Closed				LAW	ENFORC	CEMENT, TOW TRUCK					
	/30/2018	06:30 AM		Date Scene Clear 10/30/2018							
	te All Lanes Open	Time All Lanes Open 07:00 AM						ime Scene Cleared 7:19 AM			
	/30/2018	07:00 AW		10/30	/2018		07	T9 AW			
	it Summary   It Status		Vehi	cle One	arating As C	lassification		Unit Type			
	TRANSIT			Vehicle Operating As Classificati  D CLASS			AUTOMOBILE				
	hicle Type			DOLAGO			Operating As Endorsements			ments	
PA	SSENGER CAR										
	al Occs	Train/Bus # Injured		Total # Citations Issued			Total Trail	**		:Mat Types	
1 Inci	urance?	Direction Of Travel	2	_	:		0 Speed Lim	0 nit Total Lanes		es	
NC		EASTBOUND			CrashTire Mark		35		5		
Mos	st Harmful Event: Collision	Vith		cial Fun	ction		1	Emergency N	Notor Veh		
	OTOR VEH IN TRANSPO	ORT			IAL FUNC	IION		NOT APPL			
				ic Cont	rol SIGNAL			Traffic Contro	oi Inopera	tive/Missing	
				d Curva				NO Road Grade			
				STRAIGHT LEVEL							
	ick Bus or HazMat		<u> </u>					1			
NC											
	Vehicle						0:				
	License Plate Number ACG7001			te Type	TOMOBIL	F	St <b>WI</b>	Country of Iss			
	Vehicle Identification Nur	nber	Mal		· CAIOBIL	-	Year	UNITED STATES  Model			
9				RD			1999	TAURUS SE/			

18-12058

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

		Color	Body Style	Bus Use NOT A BUS						
LINO		GRN - GREEN Initial Contact Point	4D - 4DR Vehicle Damage	NOT A B03						
	λE	10LEFT SIDE FRONT								
	VEHICL	Extent Of Damage	8LEFT SIDE REAR, 9LEFT SIDE MIDDLE, 10LEFT SIDE FRONT, 11LEFT							
	VE	DISABLING DAMAGE	FRONT CORNER							
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By							
		What Driver Was Doing	MIKES TOWING  Vehicle Factors							
		STOP IN TRAFFIC								
		Driver Prior Action Other	NOT APPLICABLE							
		Driver Actions								
	ш	FAILED TO YIELD RIGHT-OF-WAY								
╘	VEHICLE									
	표									
	V									
		Driver Distractions								
		NOT DISTRACTED								
2	01									
		Owner Name TANISHA RENEA NEWBERRY	Owner Address 2505 MARTIN ST							
		(608) 370-3857	CROSS PLAINS, WI 53528 , US							
		Sequence Of Events								
	01	Event MOTOR VEH IN TRANSPORT								
	02	Event								
	03	Event								
	0	Event								
	04	Event								
	i	Individual								
		Driver TANISHA RENEA NEWBERRY	Citations Issued	Sex						
	AL	(608) 370-3857	2 Date of Birth	FEMALE Race						
_	DO		Bate of Birth	WHITE						
	INDIVIDUAL	Address	Driver License Number	1						
	N	2505 MARTIN ST CROSS PLAINS, WI 53528 , US	STATE: WISCONSIN COUNTRY: UN	NITED STATES						
		,,								
	l	On Duty Crash	Safety Equipment							
		Equipment								
		Seat Position	SHOULDER & LAP BELT							
		1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY Helmet Use	Helmet Compliance							
			Heimer Compliance							
		Eye Protection	Tint Compliance							

18-12058

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 10/30/2018

Crash Time 06:30 AM

10	5	Inium	Injury Severity		Airbag	Airbag						
0						NON DEPLOYED						
		Ejected		Ejection Pa				Trapped/Extricated				
		NOT EJECTED				NOT EJECTED/NOT APPLICABL				NOT TRAPPED		
		Medical Transport NOT TRANSPORT	EMS Agend	cy Identifier			EMS Run #					
		Hospital			Date of Dea	nth.			Time of Dea	ath.		
		Поѕрна			Date of Dea	auı			Time or Dea	ıuı		
		Non Motorist	Striking Unit #	Prior Action		Lo	cation				To/From School	
		Action										
	NDIVIDUAL											
UNIT	7											
5	Σ											
	=											
		Action Other										
			Correspond Alas	h al I la a	I Commente de	Davis Har						
	L	Orug & Alcohol	Suspected Alco	inoi Use	Suspected <b>NO</b>	Drug Use						
		Alcohol Test Given			Alcohol Tes	t Tyne			Alcohol Tes	t Results		
		TEST NOT GIVEN			711001101 103	Alcohol Test Type			Alcohol Test Results			
		Drug Test Given				Drug Test Type			Drug Test Results			
		TEŠT NOT GIVEN										
10	00	Drug Type										
0	ŏ											
		Individual Condition										
		APPEARED NORI	WAL									
	,	Violations										
		UTC Number	Issue To?	Statute Number	Seq Num	Description	n					
	5	AD979482	001	343.05(3)(a)	002	002 OPERATE W/O VALID LICENSE						
	02	UTC Number AD979483	Issue To? <b>001</b>	Statute Number <b>344.62(1)</b>	Seq Num 001	Description OPERATE MOTOR VEHICLE W/O INSURANCE						
		t Summary										
		Status			Vehicle Operat	ing As Clas	sification		Unit Type			
	IN T	RANSIT			A CLASS				TRUCK			
02		cle Type								Operating As Endorsements		
0		JCK TRACTOR (SE		•								
		l Occs	Train/Bus	# Injured	Total # Citation	s Issued		Total Traile	ers	Total HazM	lat Types	
	1	ran a a ?	Direction	Of Traval	0			1 Speed Lim	sit .	0 Total Lane:		
	YES	rance?	EASTBO			ashTire ark		35	iit	5	5	
UNIT		t Harmful Event: Collisi		70112	Special Function				Emergency	_	le Use	
O		TOR VEH IN TRANS			NO SPECIAL		ON		NOT APP			
	Traff	ic Way		Traffic Control				Traffic Control Inoperative/Missing				
		IDED HWY W/O TR	AFFIC BARRI	ER	TRAFFIC SIG	RAFFIC SIGNAL				NO		
		ace Type			Road Curvature	е			Road Grade			
		ACKTOP (BITUMING	DUS)		STRAIGHT				LEVEL			
		k Bus or HazMat JCK OR TRUCK CC	MBINATION :	> 10,000LBS GVW	/R/GCWR							
	,	Vehicle										

18-12058

#### **WISCONSIN MOTOR VEHICLE CRASH REPORT**

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

		License Plate Number		Р	late Type		St	Country of Issuance		
		88516				ORTIONED	MA	UNITED STATES		
•		Vehicle Identification Num	nber	N	1ake		Year	Model		
05	05	1FUJA6CK37LX35154	4	F	REIGHTL	INER CORP	2007	CONVEN		
		Color		В	ody Style			Bus Use		
		YEL - YELLOW		Т	C - TRAC	TOR		NOT A BUS		
	щ	Initial Contact Point		V	ehicle Dam	age		1		
LNO	VEHICLE	3RIGHT SIDE MIDDI	LE							
5	Ξ	Extent Of Damage		3	RIGHT S	IDE MIDDLE				
	7	MINOR DAMAGE								
		Towed Due To Damage		V	ehicle Remo	oved By				
		NOT TOWED		C	PERATO	R				
		What Driver Was Doing		V	ehicle Facto	ors				
		RIGHT TURN			IOT APPL	ICABLE				
		Driver Prior Action Other		l'N	IOI AFFL	ICABLE				
		Driver Actions								
		Driver Actions NO CONTRIBUTING	ACTION							
_	뿌									
LNO	₽									
$\supset$	VEHICL									
	>									
		Driver Distractions								
		NOT DISTRACTED								
<b>~</b> 1	<b>~</b> I									
05	02									
		Owner Name			Owner A					
		DANY ON TIME LLC				RDEN ST #9				
		(617) 888-0565			CAMBI	RIDGE, MA 0213	38 , US			
		Sequence Of Ever	nts							
	2	Event MOTOR VEH IN TRAN	NSPORT							
	C		NOI OILI							
	02	Event								
		Fuent								
	03	Event								
		Event								
	04	270.11								
		Policy Holder								
LIND		Insurance Company			Individual					
5		SAFETY-NATIONAL-	CASUALTY-C	ORP		EM NGUSE				
		Trailer/Towed								
~			Plate Type	Make		State	Cor	untry of Issuance		
05			TRL - TRAI	WABASH		MA		UNITED STATES		
	2 -	Unit Type	Org	anization/Company				dress		
╘	当邑	SEMI TRAILER		NY ON TIME LLC				1 GARDEN ST #9		
LNO	TRAILER/ TOWED	Vehicle Identification Num	ibei ,	7) 888-0565			CA	MBRIDGE, MA 02138 , US		
1JJV532W86L954035										
	ا	Individual								
					Citations Is	ssued		Sex		
					0 MALE					

18-12058

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 10/30/2018

Crash Time 06:30 AM

DUAL	TESFALEM H NGUSE (617) 888-0565				Date of Birth Race INDIAN					
INDIN	Address 241 GARDEN ST #9 CAMBRIDGE, MA 02138 , US					JNTRY: UNITED STAT	res			
	Equipment	On Duty Crash		Safety	Equipment					
	Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY			SHOU	LDER & LAP BELT					
	Helmet Use			Helmet	Compliance					
	Eye Protection				mpliance					
005	Injury Severity NO APPARENT INJURY									
	Ejected  NOT EJECTED									
	Medical Transport NOT TRANSPOR	TED		EMS A	gency Identifier	EMS Run#				
	Hospital			Date of	Death	Time of Death				
	Non Motorist	Striking Unit #	Prior Action	1	Location		To/From School			
	Action				l					
NDIVIDUA	Action Other									
	Suspected Alcohol Use			Suspec	ted Drug Use					
	Drug & Alcohol	NO		NO	-					
	Alcohol Test Given TEST NOT GIVEN	I		Alcoho	Test Type	Alcohol Test Results	Alcohol Test Results			
	Drug Test Given TEST NOT GIVEN			Drug To	est Type	Drug Test Results				
005	Drug Type									
	Individual Condition  APPEARED NORMAL									
•	Carrier									
		Vehicle Owner Sa	me as Carrier		DRIVER					
Name DANY ON TIME LLC USDOT# 2323442					Address 241 GARDEN ST #9 CAMBRIDGE, MA 02138 , US					
	002 INDIVIDUAL	Address 241 GARDEN ST CAMBRIDGE, MA  Equipment Seat Position 1FRONT SEAT- Helmet Use Eye Protection  Injury Ejected NOT EJECTED Medical Transport NOT TRANSPOR Hospital  Non Motorist  Action  Action  Action  Action  Alcohol Test Given TEST NOT GIVEN Drug Test Given TEST NOT GIVEN Drug Type  Individual Condition APPEARED NOR  Carrier  V Use V	TESFALEM H NGUSE (617) 888-0565  Address 241 GARDEN ST #9 CAMBRIDGE, MA 02138 , US  Equipment Seat Position 1FRONT SEAT-LEFT SIDE (DRIVE Helmet Use Eye Protection  Injury Injury Severity NO APPARENT  Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital  Non Motorist  Action  Action  Action  Action  Injury Severity No Apparent Injury Severity No Apparent Not Transport Not Transport Not Transport Not Transport Not Motorist  Action  Injury Injury Severity No Apparent Not Apparent Injury Severity No Apparent Not Ejected Not Ejected Not Ejected Not Transport Not Given TEST Not Given TEST NOT Given Drug Test Given TEST NOT Given Drug Type Individual Condition Appeared Normal  Value Vehicle Owner Sar Name	TESFALEM H NGUSE (617) 888-0565  Address 241 GARDEN ST #9 CAMBRIDGE, MA 02138 , US  Equipment Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY) Helmet Use Eye Protection  Injury Injury NO APPARENT INJURY Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital  Non Motorist Striking Unit # Prior Action  Action  Action  Action  Action  Jrug & Alcohol No Alcohol Test Given TEST NOT GIVEN Drug Test Given TEST NOT GIVEN Drug Type  Individual Condition APPEARED NORMAL  Carrier  Use Vehicle Owner Same as Carrier Name DANY ON TIME LLC	TESFALEM H NGUSE (617) 888-0565  Address 241 GARDEN ST #9 CAMBRIDGE, MA 02138 , US  Equipment Seat Position 1-FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY) Helmet Use Eye Protection  Injury Injury NO APPARENT INJURY Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital  Non Motorist  Action  Striking Unit # Prior Action  Tint Co  NO Action  Test Not Given TEST NO	TESFALEM H NOUSE (617) 888-0565  Date of Birth  State: MASSACHUSETTS COI  Shoulder & Lap Bel T  Tint Compliance  Helmet Compliance  Non DEPLOYED  Ejection Path  NOT EJECTED  NOT EJECTED/NOT APPLICABL  Medical Transport  Modical Transport  NOT TRANSPORTED  Hospital  Date of Death  Non Deployer  EMS Agency Identifier  Date of Death  Location  Location  Location  Action Other  TEST NOT GIVEN  Drug Test Given  TEST NOT GIVEN  Drug Test Given  TEST NOT GIVEN  Drug Type  Individual Condition  APPEARED NORMAL  Carrier  Use Vehicle Owner Same as Carrier  Name  Name  Name  Name  State: Marchael  State: Massachusetts Coi  State: Mas	Table of Birth   Race   InDIAN			

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# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

_	BUS	GVWR MORE THAN 26,000 LB	Vehicle Configura	tion FOR/SEMI-TRAILI	ER		Cargo Body Type VAN/ENCLOSED BOX		
L N O	_	US DOT # 2323442	Carrier Type INTERSTATE (	CARRIER			Permitted Load  NOT APPLICABLE	Ē	
	TRU	OS/OW Load WI Permit		Permitted Ve			Vehicle Required By Permit	Escort Vehicle Present	
		Measured Height	Measured Len	gth	Measured Widt	th	Measured Weig	ht	