

6TL0BTWRB3
18-12058

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 6TL0B4X4JP		Primary Crash Document #	Agency Crash Number 18-12058	Investigating Officer/Deputy CIVILIAN S. ADMIN	
Crash Date 10/30/2018		Crash Time 06:30 AM	Date Arrived 10/30/2018	Time Arrived 06:37 AM	
Date Notified 10/30/2018		Time Notified 06:30 AM	Total Units 02	Total Injured 01	Total Killed 00
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input checked="" 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 NO	Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)		<input checked="" type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

Diagram 	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.

AMENDED- AFTER FURTHER INVESTIGATION, TURN SIGNAL USAGE AND LANE POSITIONING IS UNCERTAIN FOR UNIT 2. UNIT 2 WAS OBLIGATED TO CONDUCT TURN WITH DUE REGARD GIVEN HIS SIZE AND SPACE NEEDS TO NEGOTIATE RIGHT TURN. UNIT 1 FAILED TO OBSERVE RIGHT TURN SIGNAL WHICH CAN ONLY BE STATED AS BEING FUNCTIONAL POST CRASH.

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UPDATE UNIT 1 DRIVER CONTRIBUTING FACTOR

Location

ON LINN ST/ STH136 EB 74 FT W OF LINN ST/ STH33 WB IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY	Latitude 43.474764336	Longitude -89.769188825
	X Coordinate 276028.8125	Y Coordinate 4817264
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 05--SIDESWIPE/SAME DIRECTION		Light Condition DARK/LIGHTED	
Road Surface Condition(s) DRY		Roadway Factor(s) NONE	
Environment Factor(s) NONE			
Weather Condition(s) CLEAR			
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 INTERSECTION	Intersection Type FOUR-WAY INTERSECTION	
Closure Type LANE CLOSURE		Reasons for Closure	
Date Initial Lane/Rd Closed 10/30/2018	Time Initial Lane/Rd Closed 06:30 AM	LAW ENFORCEMENT, TOW TRUCK	
Date All Lanes Open 10/30/2018	Time All Lanes Open 07:00 AM	Date Scene Cleared 10/30/2018	Time Scene Cleared 07:19 AM

Unit Summary

UNIT	01	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
		Vehicle Type PASSENGER CAR				Operating As Endorsements	
	Total Occs 1	Train/Bus # Injured	Total # Citations Issued 2	Total Trailers 0	Total HazMat Types 0		
	Insurance? NO	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 35	Total Lanes 5		
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE		
	Traffic Way DIVIDED HWY W/O TRAFFIC BARRIER		Traffic Control TRAFFIC SIGNAL		Traffic Control Inoperative/Missing NO		
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL		

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CRASH REPORT

Truck Bus or HazMat NO																																	
Vehicle																																	
UNIT 01	<table border="1"> <tr> <td>License Plate Number ACG7001</td> <td>Plate Type AUT - AUTOMOBILE</td> <td>St WI</td> <td>Country of Issuance UNITED STATES</td> </tr> <tr> <td>Vehicle Identification Number 1FAPF53S0XG147233</td> <td>Make FORD</td> <td>Year 1999</td> <td>Model TAURUS SE/</td> </tr> <tr> <td>Color GRN - GREEN</td> <td>Body Style 4D - 4DR</td> <td colspan="2">Bus Use NOT A BUS</td> </tr> <tr> <td>Initial Contact Point 10--LEFT SIDE FRONT</td> <td colspan="3">Vehicle Damage 8--LEFT SIDE REAR, 9--LEFT SIDE MIDDLE, 10--LEFT SIDE FRONT, 11--LEFT FRONT CORNER</td> </tr> <tr> <td>Extent Of Damage DISABLING DAMAGE</td> <td colspan="3"></td> </tr> <tr> <td>Towed Due To Damage TOWED DUE TO DISABLING DAMAGE</td> <td colspan="3">Vehicle Removed By MIKES TOWING</td> </tr> <tr> <td>What Driver Was Doing STOP IN TRAFFIC</td> <td colspan="3">Vehicle Factors NOT APPLICABLE</td> </tr> <tr> <td>Driver Prior Action Other</td> <td colspan="3"></td> </tr> </table>	License Plate Number ACG7001	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	Vehicle Identification Number 1FAPF53S0XG147233	Make FORD	Year 1999	Model TAURUS SE/	Color GRN - GREEN	Body Style 4D - 4DR	Bus Use NOT A BUS		Initial Contact Point 10--LEFT SIDE FRONT	Vehicle Damage 8--LEFT SIDE REAR, 9--LEFT SIDE MIDDLE, 10--LEFT SIDE FRONT, 11--LEFT FRONT CORNER			Extent Of Damage DISABLING DAMAGE				Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By MIKES TOWING			What Driver Was Doing STOP IN TRAFFIC	Vehicle Factors NOT APPLICABLE			Driver Prior Action Other			
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UNIT	01	INDIVIDUAL	Safety Equipment		SHOULDER & LAP BELT					
			Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY							
			Helmet Use		Helmet Compliance					
			Eye Protection		Tint Compliance					
			Injury		Injury Severity POSSIBLE 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										
UNIT	01	INDIVIDUAL	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							
			Violations							
UNIT	02	01	UTC Number AD979482	Issue To? 001	Statute Number 343.05(3)(a)	Seq Num 002	Description OPERATE W/O VALID LICENSE			
			UTC Number AD979483	Issue To? 001	Statute Number 344.62(1)	Seq Num 001	Description OPERATE MOTOR VEHICLE W/O INSURANCE			

Unit Summary

UNIT	02	Unit Status IN TRANSIT		Vehicle Operating As Classification A CLASS		Unit Type TRUCK		
		Vehicle Type TRUCK TRACTOR (SEMI ATTACHED)				Operating As Endorsements		
		Total Occs 1	Train/Bus # Injured		Total # Citations Issued 0	Total Trailers 1	Total HazMat Types 0	
		Insurance? YES	Direction Of Travel EASTBOUND		<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 35	Total Lanes 5	
		Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT			Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	

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Form containing traffic details, vehicle information (license 88516, make FREIGHTLINER), damage description (3--RIGHT SIDE MIDDLE), driver actions (OTHER CONTRIBUTING ACTION), and sequence of events (MOTOR VEH IN TRANSPORT).

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UNIT TRAILER/ TOWED	Trailer Plate # 90456	Plate Type TRL - TRAI	Make WABASH	State MA	Country of Issuance UNITED STATES
	Unit Type SEMI TRAILER	Organization/Company DANY ON TIME LLC (617) 888-0565		Address 241 GARDEN ST #9 CAMBRIDGE, MA 02138 , US	
	Vehicle Identification Number 1JJV532W86L954035				
UNIT INDIVIDUAL	Individual				
	Driver TESFALEM H NGUSE (617) 888-0565		Citations Issued 0		Sex MALE
			Date of Birth [REDACTED]		Race INDIAN
	Address 241 GARDEN ST #9 CAMBRIDGE, MA 02138 , US		Driver License Number [REDACTED] STATE: MASSACHUSETTS COUNTRY: UNITED STATES		
	Equipment	On Duty Crash	Safety Equipment		
	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		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	
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				
	Carrier				

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UNIT	02	01	<input checked="" type="checkbox"/> Use Vehicle Owner Same as Carrier		Source DRIVER			
			Name DANY ON TIME LLC USDOT# 2323442		Address 241 GARDEN ST #9 CAMBRIDGE, MA 02138 , US			
	TRUCK	BUS	GVWR MORE THAN 26,000 LB		Vehicle Configuration TRUCK TRACTOR/SEMI-TRAILER		Cargo Body Type VAN/ENCLOSED BOX	
			US DOT # 2323442		Carrier Type INTERSTATE CARRIER		Permitted Load NOT APPLICABLE	
			<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 Width	