

6TL0B4X4JQ  
18-12190

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>18-12190</b>	Investigating Officer/Deputy <b>DEPUTY E. KNULL</b>	
Crash Date <b>11/02/2018</b>		Crash Time <b>10:35 AM</b>	Date Arrived <b>11/02/2018</b>	Time Arrived <b>10:52 AM</b>	
Date Notified <b>11/02/2018</b>		Time Notified <b>10:35 AM</b>	Total Units <b>02</b>	Total Injured <b>00</b>	Total Killed <b>00</b>
<input type="checkbox"/> On Emergency	<input checked="" 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
	Additional Information <b>NONE</b>

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

UNIT 1 EB ON STH 33 HAULING TRAILER. UNIT 1 LOST A TIRE FROM THE TRAILER AND THE TIRE STRUCK WB UNIT 2. UNIT 1 CONTINUED EB ON STH 33 WITHOUT STOPPING. UNIT 2 STOPPED AND REPORTED NO INJURIES. UNIT 2 SUSTAINED FUNCTIONAL DAMAGE AND WAS REMOVED FROM THE SCENE BY THE OPERATOR. UNIT 1 WAS NOT LOCATED.

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## Location

ON STH33 WB 0.67 MI W OF MIRROR LAKE RD IN THE TOWN OF EXCELSIOR IN SAUK COUNTY	Latitude <b>43.525687172</b>	Longitude <b>-89.850596557</b>
	X Coordinate <b>269638.125</b>	Y Coordinate <b>4823142.5</b>
	Structure Type <b>NO STRUCTURE</b>	

## Crash Scene

First Harmful Event <b>STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTIO</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>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>HIT AND RUN</b>	Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>TRUCK</b>	
	Vehicle Type <b>UTILITY TRUCK/PICKUP TRUCK</b>	Operating As Endorsements			
	Total Occs <b>1</b>	Train/Bus # Injured	Total # Citations Issued <b>0</b>	Total Trailers <b>1</b>	Total HazMat Types <b>0</b>
	Insurance? <b>UNKNOWN</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>CARGO/EQUIPMENT LOSS OR SHIFT</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	Plate Type	St	Country of Issuance
		Vehicle Identification Number	Make	Year	Model
		Color <b>BLK - BLACK</b>	Body Style		Bus Use <b>NOT A BUS</b>
		Initial Contact Point <b>CARGO LOSS</b>	Vehicle Damage		
		Extent Of Damage <b>UNKNOWN</b>	<b>UNKNOWN</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>WHEELS</b>				
	Driver Actions <b>OTHER CONTRIBUTING ACTION, UNKNOWN</b>						
	Driver Distractions <b>UNKNOWN IF DISTRACTED</b>						
<b>01</b>	<b>01</b>	Owner Name		Owner Address			
				, ,			
<b>Sequence Of Events</b>							
<b>01</b>	<b>01</b>	Event <b>CARGO/EQUIPMENT LOSS OR SHIFT</b>					
		Event					
		Event					
		Event					
<b>01</b>	<b>01</b>	<b>Trailer/Towed</b>					
		Trailer Plate #	Plate Type	Make	State	Country of Issuance	
		Unit Type		Unknown		Address	
		Vehicle Identification Number				, ,	
<b>UNIT</b>	<b>INDIVIDUAL</b>	Driver		Citations Issued <b>0</b>	Sex		
				Date of Birth	Race		
		Address		Driver License Number			
		<b>Equipment</b>		On Duty Crash	Safety Equipment		
		Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>		<b>RESTRAINT USE UNKNOWN</b>			
Helmet Use		Helmet Compliance					
Eye Protection		Tint Compliance					

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UNIT	01	001	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NOT APPLICABLE</b>
			Ejected <b>NOT APPLICABLE</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABL</b>	Trapped/Extricated <b>NOT APPLICABLE</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		Suspected Drug Use	
	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	
01	001	Drug Type				
		Individual Condition <b>NOT OBSERVED</b>				

**Unit Summary**

UNIT	02	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>1</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>WESTBOUND</b>		<input type="checkbox"/> Pre CrashTire Mark		Speed Limit <b>55</b>	Total Lanes <b>2</b>
		Most Harmful Event: Collision With <b>CARGO/EQUIPMENT LOSS OR SHIFT</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>TRUCK OR TRUCK COMBINATION &gt; 10,000LBS GVWR/GCWR</b>							
		<b>Vehicle</b>							
		02	02	License Plate Number <b>55169X</b>		Plate Type <b>APO - APPORTIONED</b>		St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
Vehicle Identification Number <b>1XP5DB9X45N841270</b>				Make <b>PETERBILT MOTORS CO</b>		Year <b>2005</b>	Model <b>379</b>		

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UNIT	VEHICLE	Color <b>MAR - MAROON (BURGUNDY)</b>		Body Style <b>TC - TRACTOR</b>	Bus Use <b>NOT A BUS</b>
		Initial Contact Point <b>12--FRONT</b>		Vehicle Damage <b>11--LEFT FRONT CORNER, 12--FRONT</b>	
		Extent Of Damage <b>FUNCTIONAL DAMAGE</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 <b>NOT APPLICABLE</b>	
UNIT	VEHICLE	Driver Prior Action Other		Driver Actions <b>NO CONTRIBUTING ACTION</b>	
		Driver Distractions <b>NOT DISTRACTED</b>			
		Owner Name <b>LINDEMANN HAULING INC (608) 547-5139</b>			
02	02	<b>Sequence Of Events</b>			
		01	Event <b>STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY MOTOR VEHICLE</b>		
		02	Event		
		03	Event		
UNIT	04	Event			
		<b>Policy Holder</b>			
UNIT	02	Insurance Company <b>GREAT-WEST-CASUALTY-CO</b>		Individual <b>DANIEL FRYE</b>	
		<b>Trailer/Towed</b>			
		Trailer Plate # <b>716620</b>	Plate Type <b>STL - SEMI</b>	Make <b>EAST MANUF</b>	State <b>WI</b>
UNIT	TRAILER/ TOWED	Unit Type <b>SEMI TRAILER</b>		Organization/Company <b>LINDEMANN HAULING INC (608) 547-5139</b>	
		Vehicle Identification Number <b>1E1H5Y283CRA47096</b>		Address <b>421 S MAIN ST ELROY, WI 53929 , US</b>	
IT	IDUAL	<b>Individual</b>			
		Driver <b>DANIEL C FRYE (608) 343-1487</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
		Date of Birth <b>[REDACTED]</b>		Race <b>WHITE</b>	

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UN	INDIV	Address <b>105 EAST ST KENDALL, WI 54638 , US</b>		Driver License Number [REDACTED] <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
		<b>Equipment</b> On Duty Crash		Safety Equipment			
02	002	Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>		<b>SHOULDER &amp; LAP BELT</b>			
		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					
02	002	<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>Carrier</b>					
		<input checked="" type="checkbox"/> <b>Use Vehicle Owner Same as Carrier</b>		Source <b>DRIVER</b>			
02	01	Name <b>LINDEMANN HAULING INC USDOT# 1059359</b>		Address <b>421 S MAIN ST ELROY, WI 53929 , US</b>			
		GVWR <b>MORE THAN 26,000 LB</b>		Vehicle Configuration <b>SINGLE-UNIT TRUCK (2-AXLE AND GVWR MORE THA</b>	Cargo Body Type <b>LOG TRUCK</b>		
UNIT	CK BUS	US DOT # <b>1059359</b>		Carrier Type <b>INTERSTATE CARRIER</b>	Permitted Load <b>NOT APPLICABLE</b>		

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TRU	OS/OW Load	WI Permit Number	Permitted Vehicle On Permitted Route	Escort Vehicle Required By Permit	Escort Vehicle Present
	Measured Height	Measured Length	Measured Width	Measured Weight	