

6TL0B4X4JR  
18-12638

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>18-12638</b>	Investigating Officer/Deputy <b>DEPUTY E. KNULL</b>	
Crash Date <b>11/12/2018</b>		Crash Time <b>12:31 PM</b>	Date Arrived <b>11/12/2018</b>	Time Arrived <b>12:45 PM</b>	
Date Notified <b>11/12/2018</b>		Time Notified <b>12:31 PM</b>	Total Units <b>02</b>	Total Injured <b>01</b>	Total Killed <b>00</b>
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input checked="" type="checkbox"/> Lane Closure	<input type="checkbox"/> Work Zone	<input 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 <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>	<p>Reconstruction By</p> <hr/> <p>Photos By <b>WILKINS</b></p> <hr/> <p>Additional Information <b>PHOTOS</b></p>
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I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

OPERATOR OF UNIT 1 WAS AT THE STOP SIGN ON STH 23 AND USH 14 WAITING TO TURN WB ON USH 14. OPERATOR STATED HE DIDNT SEE UNIT 2 THAT WAS WB ON USH 14 APPROACHING THE INTERSECTION. UNIT 1 PULLED OUT INTO THE PATH OF UNIT 2 AND UNIT 2 STRUCK UNIT 1. UNIT 2 OPERATOR SUSTAINED INJURY AND WAS TRANSPORTED BY SPRING GREEN EMS TO UPLAND HILLS. OPERATOR OF UNIT 1 WAS NOT INJURED. UNIT 1 REMOVED BY OPERATOR AND UNIT 2 SUSTAINED DISABLING DAMAGE AND WAS REMOVED BY GEORGES TOWING.

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Location

<b>INTERSECTION ON USH14 WB AT STH23 WB IN THE VILLAGE OF SPRING GREEN IN SAUK COUNTY</b>	Latitude <b>43.185534801</b>	Longitude <b>-90.064175813</b>
	X Coordinate <b>250989.171875</b>	Y Coordinate <b>4785977.5</b>
	Structure Type <b>NO STRUCTURE</b>	

Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>		First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>08--FRONT TO SIDE</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>CLOUDY</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>INTERSECTION</b>	Intersection Type <b>T-INTERSECTION</b>	
Closure Type <b>CLOSURE-ONE DIRECTION</b>		Reasons for Closure <b>LAW ENFORCEMENT, TOW TRUCK, FIRE/EMS</b>	
Date Initial Lane/Rd Closed <b>11/12/2018</b>	Time Initial Lane/Rd Closed <b>12:33 PM</b>	Date Scene Cleared <b>11/12/2018</b>	
Date All Lanes Open <b>11/12/2018</b>	Time All Lanes Open <b>01:15 PM</b>		

Unit Summary

<b>UNIT</b>	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>A CLASS</b>		Unit Type <b>TRUCK</b>		
	Vehicle Type <b>STRAIGHT TRUCK (INSERT TRUCK)</b>	Operating As Endorsements				
	Total Occs <b>1</b>	Train/Bus # Injured	Total # Citations Issued <b>0</b>	Total Trailers <b>0</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>45</b>	Total Lanes <b>3</b>	
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</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>STOP SIGN</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>01</b>	<b>Vehicle</b>				
		License Plate Number <b>89456W</b>	Plate Type <b>APO - APPORTIONED</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
<b>01</b>	Vehicle Identification Number <b>3HTWYHR27N524444</b>	Make <b>INTERNATIONAL</b>	Year <b>2007</b>	Model <b>760</b>		

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UNIT	VEHICLE	Color <b>BLK - BLACK</b>	Body Style <b>TC - TRACTOR</b>	Bus Use <b>NOT A BUS</b>
		Initial Contact Point <b>3--RIGHT SIDE MIDDLE</b>	Vehicle Damage <b>3--RIGHT SIDE MIDDLE</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>LEFT TURN</b>	Vehicle Factors <b>NOT APPLICABLE</b>	
UNIT	VEHICLE	Driver Prior Action Other		
		Driver Actions <b>FAILED TO YIELD RIGHT-OF-WAY</b>		
		Driver Distractions <b>LOOKED BUT DID NOT SEE</b>		
01	01	Owner Name <b>PREMIER TRANSPORT LLC (608) 987-3100</b>	Owner Address <b>501 W MAIN ST MOUNT HOREB, WI 53572 , US</b>	
		<b>Sequence Of Events</b>		
01	01	Event <b>MOTOR VEH IN TRANSPORT</b>		
	02	Event		
	03	Event		
	04	Event		
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>BERKLEY AGRI BUSINESS</b>	Organization/Company <b>PREMIER TRANSPORT LLC</b>		
UNIT	<b>Individual</b>			
	INDIVIDUAL	Driver <b>DAVID JOHN JOHNSON (608) 516-3535</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>
			Date of Birth [REDACTED]	Race <b>WHITE</b>
		Address <b>905 ELM ST ARGYLE, WI 53504 , US</b>	Driver License Number [REDACTED] <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
		<b>Equipment</b>	On Duty Crash	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>
	Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>	Helmet Compliance		
	Helmet Use			

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01	UNIT INDIVIDUAL	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					
		<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				
01	UNIT 001	Drug Type					
		Individual Condition <b>APPEARED NORMAL</b>					
		<b>Carrier</b>					
01	UNIT 01	<input checked="" type="checkbox"/> Use Vehicle Owner Same as Carrier		Source <b>DRIVER</b>			
		Name <b>PREMIER TRANSPORT LLC USDOT# 1169093</b>		Address <b>501 W MAIN ST MOUNT HOREB, WI 53572 , US</b>			
		GVWR <b>MORE THAN 26,000 LB</b>	Vehicle Configuration <b>SINGLE UNIT TRUCK (3 OR MORE AXLES)</b>		Cargo Body Type <b>VAN/ENCLOSED BOX</b>		
		US DOT # <b>1169093</b>	Carrier Type <b>INTERSTATE CARRIER</b>		Permitted Load <b>NOT APPLICABLE</b>		
		<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		Measured Weight		

**Unit Summary**

02	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>AUTOMOBILE</b>		
	Vehicle Type <b>(SPORT) UTILITY VEHICLE</b>			Operating As Endorsements	
	Total Occs <b>1</b>	Train/Bus # Injured	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>

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<b>UNIT</b>	Insurance? <b>YES</b>	Direction Of Travel <b>WESTBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>45</b>	Total Lanes <b>3</b>	
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</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>02</b>	<b>Vehicle</b>					
	<b>VEHICLE</b>	License Plate Number <b>PRETSCH</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
		Vehicle Identification Number <b>1J8GN28K88W207688</b>	Make <b>JEEP</b>	Year <b>2008</b>	Model <b>LIBERTY SP</b>	
	<b>VEHICLE</b>	Color <b>BLK - BLACK</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use <b>NOT A BUS</b>	
		Initial Contact Point <b>12--FRONT</b>	Vehicle Damage <b>9--LEFT SIDE MIDDLE, 10--LEFT SIDE FRONT, 11--LEFT FRONT CORNER, 12--FRONT</b>			
		Extent Of Damage <b>DISABLING DAMAGE</b>				
		Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	Vehicle Removed By <b>GEORGES AUTO BODY</b>			
	<b>VEHICLE</b>	What Driver Was Doing <b>GOING STRAIGHT</b>	Vehicle Factors <b>NOT APPLICABLE</b>			
		Driver Prior Action Other				
		Driver Actions <b>NO CONTRIBUTING ACTION</b>				
<b>02</b>	Driver Distractions <b>NOT DISTRACTED</b>					
	Owner Name <b>LISA R PRETSCH (608) 574-6329</b>	Owner Address <b>7134 COUNTY ROAD H ARENA, WI 53503 , US</b>				
<b>UNIT</b>	<b>Sequence Of Events</b>					
	<b>01</b>	Event <b>MOTOR VEH IN TRANSPORT</b>				
	<b>02</b>	Event				
	<b>03</b>	Event				
	<b>04</b>	Event				
<b>UNIT</b>	<b>Policy Holder</b>					
	Insurance Company <b>PROGRESSIVE-CLASSIC-INS-CO</b>		Individual <b>LISA PRETSCH</b>			

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UNIT	INDIVIDUAL	<b>Individual</b>					
		Driver <b>LISA R PRETSCH</b> <b>(608) 574-6329</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>		
		Address <b>7134 COUNTY ROAD H</b> <b>ARENA, WI 53503 , US</b>		Date of Birth [REDACTED]	Race <b>WHITE</b>		
				Driver License Number [REDACTED]	STATE: WISCONSIN COUNTRY: UNITED STATES		
		<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>			
		Helmet Use		Helmet Compliance			
		Eye Protection		Tint Compliance			
		02	002	<b>Injury</b>		Injury Severity <b>SUSPECTED MINOR 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>EMS GROUND</b>				EMS Agency Identifier <b>6000554</b>	EMS Run #		
Hospital <b>UPLAND HILLS HEALTH</b>				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	
02	002	Drug Type					
		Individual Condition <b>APPEARED NORMAL</b>					