

6TL0BJ1GH7
18-12819

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 18-12819	Investigating Officer/Deputy DEPUTY J. MACASKILL	
Crash Date 11/17/2018		Crash Time 04:25 AM	Date Arrived 11/17/2018	Time Arrived 04:45 AM	
Date Notified 11/17/2018		Time Notified 04:27 AM	Total Units 02	Total Injured 00	Total Killed 00
<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 NO	Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

<p>Diagram</p>	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.

ON 11/17/18 AT APPROXIMATELY 0425 UNIT 1 WAS DRIVING BEHIND UNIT 2. BOTH UNITS WERE DRIVING DOWN A HILL. UNIT 2 BEGAN TO SLOW DOWN FOR A PLOW AHEAD OF HIM. UNIT 1 WAS UNABLE TO SLOW DUE TO THE SNOW COVERED ROADS. UNIT 1 LOST CONTROL OF THE VEHICLE AND STRUCK THE GUARD RAIL TO HIS RIGHT, THEN CROSSED THE CENTERLINE AND UNIT 1 THEN STRUCK THE GUARD RAIL TO HIS LEFT. UNIT 1 THEN SLID PAST UNIT 2 AND IN FRONT OF HIM. UNIT 2 THEN STRUCK THE DRIVER SIDE OF UNIT 1. BOTH UNITS THEN CAME TO A REST.

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UNIT	VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR		
		What Driver Was Doing SLOW/STOPPING		Vehicle Factors		
		Driver Prior Action Other		NOT APPLICABLE		
		Driver Actions SPEED TOO FAST/COND				
01	01	Driver Distractions NOT DISTRACTED				
		Owner Name ZANG LOR (414) 795-0540		Owner Address 6688 N 55TH ST MILWAUKEE, WI 53223 , US		
Sequence Of Events						
UNIT	INDIVIDUAL	01	Event GUARDRAIL FACE			
		02	Event CROSS CENTERLINE			
		03	Event GUARDRAIL FACE			
		04	Event MOTOR VEH IN TRANSPORT			
Policy Holder						
UNIT	INDIVIDUAL	Insurance Company STATE-FARM-GENERAL-INS-CO		Individual ZANG LOR		
		Driver ZANG LOR (414) 795-0540		Citations Issued 0	Sex MALE	
		Address 6688 N 55TH ST MILWAUKEE, WI 53223 , US		Date of Birth [REDACTED]	Race ASIAN	
				Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES		
01	001	Equipment		On Duty Crash		
		Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		Safety Equipment 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

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	What Driver Was Doing SLOW/STOPPING		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
02	Driver Distractions NOT DISTRACTED			
	Owner Name CAB-WAY LOGISTICS LLC		Owner Address 971 HOLZER ST GREEN BAY, WI 54303 , US	
Sequence Of Events				
01	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
02	Policy Holder			
	Insurance Company PROGRESSIVE-CLASSIC-INS-CO		Organization/Company CAB-WAY LOGISTICS LLC	
02	Trailer/Towed			
	Trailer Plate # 732757	Plate Type STL - SEMI	Make TRAILER	State WI
	Country of Issuance UNITED STATES	Organization/Company CAB-WAY LOGISTICS LLC (906) 204-8844		Address 971 HOLZER ST GREEN BAY, WI 54303 , US
UNIT TRAILER/ TOWED	Unit Type SEMI TRAILER	Vehicle Identification Number 1UYFS2486J5298107		
	Individual			
UNIT INDIVIDUAL	Driver RANDALL D SMITH (906) 204-8844		Citations Issued 0	Sex MALE
	Date of Birth [REDACTED]		Race WHITE	
	Address 232 N LOW ST FWINN, MI 49841 , US		Driver License Number [REDACTED] STATE: MICHIGAN COUNTRY: UNITED STATES	
	Equipment		Safety Equipment	
Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		SHOULDER & LAP BELT		

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02	002	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	
		Non Motorist		Striking Unit #	Prior Action	Location	To/From School
		Action					
		Action Other					
		02	002	Drug & Alcohol		Suspected Alcohol 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							
<input checked="" type="checkbox"/> Use Vehicle Owner Same as Carrier				Source DRIVER			
Name CAB-WAY LOGISTICS LLC USDOT# 2368732				Address 971 HOLZER ST GREEN BAY, WI 54303 , US			
GVWR MORE THAN 26,000 LB				Vehicle Configuration TRUCK TRACTOR/SEMI-TRAILER		Cargo Body Type UNKNOWN	
US DOT # 2368732				Carrier Type INTERSTATE CARRIER		Permitted Load	
<input type="checkbox"/> OS/OV 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	