

6TL09CGFB7
18-12891

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 18-12891	Investigating Officer/Deputy DEPUTY K. MUELLER	
Crash Date 11/19/2018		Crash Time 01:40 PM	Date Arrived 11/19/2018	Time Arrived 01:40 PM	
Date Notified 11/19/2018		Time Notified 01:40 PM	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

Diagram	Reconstruction By
	Photos By KMUELLER
	Additional Information PHOTOS

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

UNIT 2 WAS DRIVING SOUTH ON HWY 23 FOLLOWING UNIT 1. UNIT 1 HAD DEBRIS FALL FROM IT AND STRIKE UNIT 2. UNIT 1 HAD NOT PROPERLY SECURED THE LOAD AND WAS CITED FOR THE OFFENSE. UNIT 2 HAD A WHITE COLORED SUBSTANCE ON IT AND IT WAS UNKOWN IF THE SUBSTANCE, THAT CAME FROM UNIT 2'S LOAD, WOULD WASH OFF THE VEHICLE.

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Location

ON STH23 WB 0.27 MI N OF MILL ST IN THE TOWN OF WESTFIELD IN SAUK COUNTY	Latitude 43.44526354	Longitude -90.035271209
	X Coordinate 254387.578125	Y Coordinate 4814738.5
	Structure Type	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision NO COLLISION W/VEHICLE IN TRANSPORT	Light Condition DAYLIGHT	
Road Surface Condition(s) DRY	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) CLOUDY		
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 NON-JUNCTION	Intersection Type NOT AN INTERSECTION

Unit Summary

UNIT 01	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 1	Total Trailers 1	Total HazMat Types 0
	Insurance? YES	Direction Of Travel SOUTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	Total Lanes 2
	Most Harmful Event: Collision With OTHER NON-COLLISION		Special Function NO SPECIAL FUNCTION	Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control NO CONTROL	Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature UNKNOWN	Road Grade UNKNOWN	
	Truck Bus or HazMat TRUCK OR TRUCK COMBINATION > 10,000LBS GVWR/GCWR				

UNIT 01 VEHICLE	Vehicle			
	License Plate Number TB5984	Plate Type TOR - TRACTOR	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1NKDL40X1DJ359935	Make KENWORTH MOTOR TRU	Year 2013	Model NO DATA FO
	Color WHI - WHITE	Body Style CB - CAB CHASSIS		Bus Use NOT A BUS
	Initial Contact Point NON-COLLISION	Vehicle Damage		
	Extent Of Damage NO DAMAGE	NO DAMAGE		

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UNIT	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR			
	What Driver Was Doing UNKNOWN		Vehicle Factors			
	Driver Prior Action Other		NOT APPLICABLE			
	Driver Actions OTHER CONTRIBUTING ACTION					
01	01	Driver Distractions UNKNOWN IF DISTRACTED				
		Owner Name PETERSON SANITATION (608) 524-9600	Owner Address 2235 E MAIN ST REEDSBURG, WI 53959 , US			
Sequence Of Events						
UNIT	01	Event MOTOR VEH IN TRANSPORT				
		Event CARGO/EQUIPMENT LOSS OR SHIFT				
		Event				
		Event				
UNIT	01	Policy Holder				
		Insurance Company WEST-BEND-MUTUAL-INS-CO	Organization/Company PETERSON SANITATION			
UNIT TRAILER/ TOWED	01	Trailer/Towed				
		Trailer Plate # TR222	Plate Type TRL - TRAI	Make GRMG	State WI	Country of Issuance UNITED STATES
		Unit Type FULL TRAILER	Organization/Company PETERSON SANITATION (608) 524-9600		Address 2235 E MAIN ST REEDSBURG, WI 53959 , US	
UNIT	INDIVIDUAL	Individual				
		Driver MICHAEL SCOTT KNUTSON (608) 799-5900	Citations Issued 1	Sex MALE		
		Date of Birth [REDACTED]		Race WHITE		
Address 718 W MILL ST READSTOWN, WI 54652 , US		Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES				
Equipment		On Duty Crash	Safety Equipment			
Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		SHOULDER & LAP BELT				

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01	001	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						
		01	001	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								
UTC Number A1388567				Issue To? 001	Statute Number 348.10(2)	Seq Num 001	Description OPERATE VEH./FAIL/PREVENT LEAKING LOAD	
Carrier								
<input checked="" type="checkbox"/> Use Vehicle Owner Same as Carrier				Source DRIVER				
Name PETERSON SANITATION USDOT# 1366690				Address 2235 E MAIN ST REEDSBURG, WI 53959 , US				
GVWR MORE THAN 26,000 LB		Vehicle Configuration TRUCK TRACTOR/SEMI-TRAILER		Cargo Body Type GARBAGE/REFUSE				
US DOT # 1366690		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				

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UNIT	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE			
	Vehicle Type (SPORT) UTILITY VEHICLE				Operating As Endorsements			
	Total Occs 1	Train/Bus # Injured	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0			
	Insurance? YES	Direction Of Travel SOUTHBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 55	Total Lanes 2			
	Most Harmful Event: Collision With CARGO/EQUIPMENT LOSS OR SHIFT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE			
	Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO			
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature UNKNOWN		Road Grade UNKNOWN			
	Truck Bus or HazMat NO							
UNIT	Vehicle							
	02	02	License Plate Number 274WXP		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
			Vehicle Identification Number WVGAV7AX6DW555561		Make VOLKSWAGEN	Year 2013	Model TIGUAN	
			Color BLU - BLUE		Body Style UT - SPORT UTILITY VEHICLE		Bus Use NOT A BUS	
	VEHICLE	Initial Contact Point NON-COLLISION		Vehicle Damage				
		Extent Of Damage MINOR DAMAGE		12--FRONT				
		Towed Due To Damage NOT TOWED		Vehicle Removed By OWNER				
		What Driver Was Doing UNKNOWN		Vehicle Factors				
	UNIT	02	02	Driver Prior Action Other		NOT APPLICABLE		
				Driver Actions NO CONTRIBUTING ACTION				
Driver Distractions NOT DISTRACTED								
Owner Name ANDREA DE MAY (608) 402-3701				Owner Address 340 WALNUT ST LOGANVILLE, WI 53943 , US				
UNIT	Sequence Of Events							
	01	Event MOTOR VEH IN TRANSPORT						
		Event CARGO/EQUIPMENT LOSS OR SHIFT						

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UNIT	03	Event					
	04	Event					
UNIT	INDIVIDUAL	Policy Holder					
		Insurance Company GEICO-GENERAL-INS-CO	Individual ANDREA DE MAY				
UNIT	INDIVIDUAL	Individual					
		Driver ANDREA DE MAY (608) 402-3701	Citations Issued 0	Sex FEMALE			
		Date of Birth [REDACTED]	Race WHITE				
		Address 340 WALNUT ST LOGANVILLE, WI 53943 , US	Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES				
UNIT	INDIVIDUAL	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			
UNIT	INDIVIDUAL	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	[REDACTED]				
		Action Other	[REDACTED]				
UNIT	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	[REDACTED]				
		Individual Condition APPEARED NORMAL	[REDACTED]				