

6TL0BNZLXQ
18-12858

WISCONSIN MOTOR VEHICLE
CRASH REPORT

SAUK COUNTY SHERIFFS DEPARTMENT
1300 LANGE COURT
BARABOO, WI 53913
(608) 356-4895

Location

ON CTHB EB 0.41 MI E OF HAUSNER RD IN THE TOWN OF TROY IN SAUK COUNTY	Latitude 43.249156171	Longitude -89.870405293
	X Coordinate 266979.46875	Y Coordinate 4792485
	Structure Type	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 06--SIDESWIPE/OPPOSITE DIRECTION	Light Condition DARK/UNLIT	
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 NON-JUNCTION	Intersection Type NOT AN INTERSECTION

Unit Summary

01 UNIT	Unit Status HIT AND RUN	Vehicle Operating As Classification D CLASS	Unit Type TRUCK		
	Vehicle Type UTILITY TRUCK/PICKUP TRUCK			Operating As Endorsements	
	Total Occs 1	Train/Bus # Injured	Total # Citations Issued 2	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	Total Lanes 2
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		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 CURVE LEFT	Road Grade LEVEL	
	Truck Bus or HazMat NO				

01 UNIT	Vehicle			
	License Plate Number ACC0LA	Plate Type LTK - LIGHT TRUCK	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1FTSX31F23EB25758	Make FORD	Year 2003	Model F350 SUPER
	Color BLU - BLUE	Body Style PK - PICKUP		Bus Use NOT A BUS
	Initial Contact Point 9--LEFT SIDE MIDDLE	Vehicle Damage		
	Extent Of Damage MINOR DAMAGE	9--LEFT SIDE MIDDLE		

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UNIT	Towed Due To Damage NOT TOWED		Vehicle Removed By OWNER		
	What Driver Was Doing NEGOTIATING CURVE		Vehicle Factors		
	Driver Prior Action Other		NOT APPLICABLE		
	Driver Actions FAILURE TO CONTROL, FAILED TO KEEP IN DESIGNATED LANE				
01	Driver Distractions UNKNOWN IF DISTRACTED				
	Owner Name MARTIN JONATHAN ACCOLA		Owner Address E10206 COUNTY ROAD O PRAIRIE DU SAC, WI 53578 , US		
Sequence Of Events					
UNIT	01	Event MOTOR VEH IN TRANSPORT			
	02	Event			
	03	Event			
	04	Event			
Policy Holder					
UNIT	Insurance Company ACUTY,-A-MUTUAL-INSURANCE-CO		Individual MARTIN ACCOLA		
	Individual				
UNIT	INDIVIDUAL	Driver MARTIN JONATHAN ACCOLA (608) 370-3783		Citations Issued 2	Sex MALE
		Date of Birth [REDACTED]		Race WHITE	
	Address E10206 COUNTY ROAD O PRAIRIE DU SAC, WI 53578 , US		Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES		
	Equipment		Safety Equipment		
Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		RESTRAINT USE UNKNOWN			
Helmet Use		Helmet Compliance			
Eye Protection		Tint Compliance			
01	001	Injury		Airbag	
		NO APPARENT INJURY		NOT APPLICABLE	
Ejected NOT APPLICABLE		Ejection Path NOT EJECTED/NOT APPLICABL		Trapped/Extricated NOT APPLICABLE	

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UNIT	INDIVIDUAL	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	Suspected Drug Use	
			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 NOT OBSERVED				
Violations							
01	02	UTC Number	Issue To?	Statute Number	Seq Num	Description	
		AE753136	001	346.67(1)	004	HIT AND RUN	
02	02	UTC Number	Issue To?	Statute Number	Seq Num	Description	
		AE753137	001	346.05(1)	001	OPERATING LEFT OF CENTER LINE	

Unit Summary

UNIT	02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type TRUCK						
		Vehicle Type UTILITY TRUCK/PICKUP TRUCK				Operating As Endorsements						
		Total Occs 3		Train/Bus # Injured		Total # Citations Issued 0		Total Trailers 0		Total HazMat Types 0		
		Insurance? YES		Direction Of Travel WESTBOUND		<input type="checkbox"/> Pre Crash Tire Mark		Speed Limit 55		Total Lanes 2		
		Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT				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 CURVE LEFT			Road Grade LEVEL			
		Truck Bus or HazMat NO										
		Vehicle										
		02	02	License Plate Number 927425			Plate Type LTK - LIGHT TRUCK		St WI	Country of Issuance UNITED STATES		
Vehicle Identification Number 1GCNKPE08BF172293				Make CHEVROLET		Year 2011	Model SILVERADO					

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UNIT	VEHICLE	Color BLK - BLACK	Body Style PK - PICKUP	Bus Use NOT A BUS
		Initial Contact Point 9--LEFT SIDE MIDDLE	Vehicle Damage 9--LEFT SIDE MIDDLE	
		Extent Of Damage MINOR DAMAGE		
		Towed Due To Damage NOT TOWED	Vehicle Removed By OWNER	
		What Driver Was Doing NEGOTIATING CURVE	Vehicle Factors NOT APPLICABLE	
UNIT	VEHICLE	Driver Prior Action Other		
		Driver Actions NO CONTRIBUTING ACTION		
		Driver Distractions NOT DISTRACTED		
02	02	Owner Name DALE EARL FUCHS (608) 220-3239	Owner Address 6663 HERBRAND RD SAUK CITY, WI 53583 , US	
Sequence Of Events				
UNIT	01	Event MOTOR VEH IN TRANSPORT		
		Event		
		Event		
		Event		
UNIT	04	Policy Holder		
		Insurance Company PROGRESSIVE-CLASSIC-INS-CO	Individual DALE FUCHS	
UNIT	INDIVIDUAL	Individual		
		Driver DALE EARL FUCHS (608) 220-3239	Citations Issued 0	Sex MALE
			Date of Birth [REDACTED]	Race WHITE
		Address 6663 HERBRAND RD SAUK CITY, WI 53583 , US	Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES	
		Equipment	On Duty Crash	Safety Equipment SHOULDER & LAP BELT
	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY			
	Helmet Use	Helmet Compliance		

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02	002	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					
		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			
02	002	Drug Type					
		Individual Condition APPEARED NORMAL					
		Individual					
		Passenger KATRINA MARY HENN (608) 370-2040		Citations Issued 0		Sex FEMALE	
Address 1300 SUNSET DR SAINT CHARLES, MN 55972 , US		Date of Birth [REDACTED]		Race WHITE			
Driver License Number [REDACTED]		STATE: WISCONSIN COUNTRY: UNITED STATES					
02	003	Equipment		On Duty Crash EMT/FIRST-RESPONDER			
		Seat Position 2--FRONT SEAT-MIDDLE		Safety Equipment LAP BELT ONLY			
		Helmet Use		Helmet Compliance			
		Eye Protection		Tint Compliance			
		Injury		Injury Severity NO APPARENT INJURY	Airbag NOT APPLICABLE		
		Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABL	Trapped/Extricated NOT TRAPPED		

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	Hospital		Date of Death	Time of Death		
	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					
UNIT	Individual					
	Passenger TRAVIS LEE HENN (608) 963-4813		Citations Issued 0	Sex MALE		
	Address 1300 SUNSET DR SAINT CHARLES, MN 55972 , US		Date of Birth [REDACTED]	Race WHITE		
			Driver License Number [REDACTED]	STATE: WISCONSIN COUNTRY: UNITED STATES		
	Equipment		On Duty Crash	Safety Equipment		
	Seat Position 3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER		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			
Non Motorist		Striking Unit #	Prior Action	Location	To/From School	

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UNIT	INDIVIDUAL	Action			
		Action Other			
	02	004	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		