

6TL09T1TMH  
18-13204

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>18-13204</b>	Investigating Officer/Deputy <b>DEPUTY J. BODDEN</b>	
Crash Date <b>11/27/2018</b>		Crash Time <b>06:48 PM</b>	Date Arrived <b>11/27/2018</b>	Time Arrived <b>07:03 PM</b>	
Date Notified <b>11/27/2018</b>		Time Notified <b>06:51 PM</b>	Total Units <b>02</b>	Total Injured <b>00</b>	Total Killed <b>00</b>
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input type="checkbox"/> Lane Closure	<input type="checkbox"/> Work Zone	<input 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> <p>not to scale</p> <p>USH 12 northbound lanes</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 2 WAS TRAVELING NORTH ON USH 12 NEAR STH 136. UNIT 2 LOST PART OF THE LOAD. A LARGE PIECE OF METAL FELL OUT OF THE BED OF THE TRUCK AND LANDED IN THE ROADWAY. UNIT 1 WAS UNABLE TO STOP BEFORE STRIKING THE PIECE OF METAL IN THE ROADWAY. NO INJURIES REPORTED. DRIVER OF UNIT 2 WAS CITED FOR FAILURE TO PREVENT LEAKING LOAD.

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Location

ON USH12 WB 268 FT N OF LINN ST/ STH33 WB IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY	Latitude <b>43.475497019</b>	Longitude <b>-89.768895644</b>
	X Coordinate <b>276055.21875</b>	Y Coordinate <b>4817345</b>
	Structure Type	

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>DARK/UNLIT</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, SNOW</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>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>PASSENGER CAR</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>NORTHBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>65</b>	Total Lanes <b>4</b>	
	Most Harmful Event: Collision With <b>STRUCK BY FALLING, SHIFTING CARGO OR ANYT</b>			Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>
	Traffic Way <b>DIVIDED HWY W/O TRAFFIC BARRIER</b>			Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>
	Surface Type <b>CONCRETE</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 <b>539SYA</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>1G1ZD5E06CF133647</b>	Make <b>CHEVROLET</b>	Year <b>2012</b>	Model <b>MALIBU 2LT</b>
		Color <b>SIL - SILVER (ALUMINUM)</b>	Body Style <b>4D - 4DR</b>		Bus Use <b>NOT A BUS</b>
		Initial Contact Point <b>12--FRONT</b>	Vehicle Damage		
		Extent Of Damage <b>FUNCTIONAL DAMAGE</b>	<b>1--RIGHT FRONT CORNER, 12--FRONT</b>		

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UNIT	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>NOT APPLICABLE</b>		
	Driver Actions <b>NO CONTRIBUTING ACTION</b>				
	Driver Distractions <b>NOT DISTRACTED</b>				
01	01	Owner Name <b>BETTY JO WAGNER (608) 415-3912</b>		Owner Address <b>501 CLARK ST REEDSBURG, WI 53959 , US</b>	
<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			
	04	Event			
UNIT	<b>Policy Holder</b>				
	Insurance Company <b>AMERICAN-FAMILY-INS-CO</b>		Individual <b>BETTY WAGNER</b>		
UNIT	INDIVIDUAL	<b>Individual</b>			
		Driver <b>BETTY JO WAGNER (608) 415-3912</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
			Date of Birth [REDACTED]	Race <b>WHITE</b>	
		Address <b>501 CLARK ST REEDSBURG, WI 53959 , US</b>		Driver License Number [REDACTED] <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
		<b>Equipment</b>		Safety Equipment	
	On Duty Crash	<b>SHOULDER &amp; LAP BELT</b>			
	Seat Position <b>3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER</b>	Helmet Compliance			
	Helmet Use	Tint Compliance			
	Eye Protection				
01	001	<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>	

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UNIT           01           001	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		
	Drug Type				
	Individual Condition <b>APPEARED NORMAL</b>				

Unit Summary

UNIT           02	Unit Status <b>IN TRANSIT</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>1</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>YES</b>	Direction Of Travel <b>NORTHBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>65</b>	Total Lanes <b>4</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>DIVIDED HWY W/O TRAFFIC BARRIER</b>		Traffic Control <b>NO CONTROL</b>	Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>CONCRETE</b>		Road Curvature <b>STRAIGHT</b>	Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>				

UNIT           02	VEHICLE           02	<b>Vehicle</b>			
		License Plate Number <b>MS3109</b>	Plate Type <b>LTK - LIGHT TRUCK</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>1FTFX1EG6FFD11908</b>	Make <b>FORD</b>	Year <b>2015</b>	Model <b>F150</b>
		Color <b>ONG - ORANGE</b>	Body Style <b>PK - PICKUP</b>		Bus Use <b>NOT A BUS</b>
		Initial Contact Point <b>NON-COLLISION</b>	Vehicle Damage		
		Extent Of Damage <b>NO DAMAGE</b>	<b>NO DAMAGE</b>		

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		What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors		
		Driver Prior Action Other		<b>NOT APPLICABLE</b>		
		Driver Actions <b>OTHER CONTRIBUTING ACTION</b>				
02	02	Driver Distractions <b>NOT DISTRACTED</b>				
		Owner Name <b>BRENDAN GERALD MCGINNIS (608) 350-9242</b>		Owner Address <b>1946 AMANDA DR REEDSBURG, WI 53959 , US</b>		
<b>Sequence Of Events</b>						
UNIT	01	Event <b>CARGO/EQUIPMENT LOSS OR SHIFT</b>				
		Event				
		Event				
		Event				
UNIT	04	<b>Policy Holder</b>				
		Insurance Company <b>GEICO-CASUALTY-CO</b>		Individual <b>BRENDAN MCGINNIS</b>		
UNIT	INDIVIDUAL	Driver <b>BRENDAN GERALD MCGINNIS (608) 350-9242</b>		Citations Issued <b>1</b>	Sex <b>MALE</b>	
		Date of Birth [REDACTED]		Race <b>WHITE</b>		
		Address <b>1946 AMANDA DR REEDSBURG, WI 53959 , US</b>		Driver License Number [REDACTED] <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
		<b>Equipment</b>		On Duty Crash		
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>		
Ejected <b>NOT EJECTED</b>		Airbag <b>NON DEPLOYED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABL</b>		
				Trapped/Extricated <b>NOT TRAPPED</b>		

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	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		
	Drug Type						
	Individual Condition <b>APPEARED NORMAL</b>						
02	<b>Violations</b>						
	01	UTC Number <b>AE756479</b>	Issue To? <b>002</b>	Statute Number <b>348.10(2)</b>	Seq Num <b>001</b>	Description <b>OPERATE VEH./FAIL/PREVENT LEAKING LOAD</b>	