

6TL09H5JNT  
18-13371

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>18-13371</b>		Investigating Officer/Deputy <b>DEPUTY S. MESSNER</b>	
Crash Date <b>12/01/2018</b>		Crash Time <b>12:30 PM</b>		Date Arrived <b>12/01/2018</b>		Time Arrived <b>01:40 PM</b>	
Date Notified <b>12/01/2018</b>		Time Notified <b>12:34 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>US 12 Westbound Lanes</p>	Reconstruction By
	Photos By <b>DEPUTY STEVEN MESSNER</b>
	Additional Information <b>PHOTOS</b>

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

UNIT 1 WAS WESTBOUND ON US 12. UNIT 1 STRUCK UNIT 2 WHEN PASSING UNIT 2. THE CONDITIONS OF THE ROADWAY WERE WET, ICY AND SLUSH AT VARIOUS LOCATIONS. THE OPERATOR OF UNIT 1 ADMITTED TO SPEEDING UP AND LOSING CONTROL OF UNIT 1 WHEN IT STRUCK UNIT 2. BOTH UNITS HAD MINOR DAMAGE. BOTH UNITS WERE REMOVED BY THEIR OPERATORS.



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UNIT	VEHICLE	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>			
		What Driver Was Doing <b>ACCELERATING IN ROAD</b>		Vehicle Factors			
		Driver Prior Action Other		<b>NOT APPLICABLE</b>			
		Driver Actions <b>SPEED TOO FAST/COND</b>					
01	01	Driver Distractions <b>NOT DISTRACTED</b>					
		Owner Name <b>JOSHUA JEROME MCCOY (608) 415-7446</b>		Owner Address <b>215 EAST ST BARABOO, WI 53913 , US</b>			
<b>Sequence Of Events</b>							
UNIT	INDIVIDUAL	01	Event <b>MOTOR VEH IN TRANSPORT</b>				
		02	Event				
		03	Event				
		04	Event				
<b>Policy Holder</b>							
UNIT	INDIVIDUAL	Insurance Company <b>OHIO-INDEMNITY-CO</b>		Individual <b>JOSHUA MCCOY</b>			
		Driver <b>JOSHUA JEROME MCCOY (608) 415-7446</b>		Citations Issued <b>1</b>	Sex <b>MALE</b>		
UNIT	INDIVIDUAL	Date of Birth [REDACTED]		Race <b>BLACK</b>			
		Address <b>215 EAST ST BARABOO, WI 53913 , US</b>		Driver License Number [REDACTED] <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
01	001	<b>Equipment</b>		On Duty Crash			
		Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>			
		Helmet Use		Helmet Compliance			
		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>	

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UNIT	INDIVIDUAL	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>					
01	001	<b>Violations</b>					
		UTC Number <b>A1389007</b>	Issue To? <b>001</b>	Statute Number <b>346.57(3)</b>	Seq Num <b>001</b>	Description <b>DRIVING TOO FAST FOR CONDITIONS</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>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>MOTOR VEH IN TRANSPORT</b>				Special Function <b>NO SPECIAL FUNCTION</b>				Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>			
		Traffic Way <b>DIVIDED HWY W/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>											
		02	02	<b>Vehicle</b>									
				License Plate Number <b>HC3208</b>			Plate Type <b>LTK - LIGHT TRUCK</b>			St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>		
Vehicle Identification Number <b>3C6UR5FJ3JG321068</b>				Make <b>RAM</b>			Year <b>2018</b>	Model <b>2500</b>					
Color <b>WHI - WHITE</b>				Body Style <b>PK - PICKUP</b>			Bus Use <b>NOT A BUS</b>						

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UNIT	VEHICLE	Initial Contact Point <b>11--LEFT FRONT CORNER</b>	Vehicle Damage			
		Extent Of Damage <b>FUNCTIONAL DAMAGE</b>	<b>11--LEFT FRONT CORNER</b>			
		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>			
UNIT	VEHICLE	Driver Actions <b>NO CONTRIBUTING ACTION</b>				
		Driver Distractions <b>NOT DISTRACTED</b>				
		Owner Name <b>KRAIG DENNIS REYNOLDS (608) 630-0211</b>	Owner Address <b>5910 WOODLAND DR WAUNAKEE, WI 53597 , US</b>			
02	02	<b>Sequence Of Events</b>				
		01	Event <b>MOTOR VEH IN TRANSPORT</b>			
		02	Event			
		03	Event			
04	Event					
UNIT	<b>Policy Holder</b>					
	Insurance Company <b>SOCIETY-INS-A-MUTUAL-CO</b>	Individual <b>KRAIG REYNOLDS</b>				
UNIT	INDIVIDUAL	Driver <b>KRAIG DENNIS REYNOLDS (608) 630-0211</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>	
		Date of Birth [REDACTED]		Race <b>WHITE</b>		
		Address <b>5910 WOODLAND DR WAUNAKEE, WI 53597 , US</b>		Driver License Number [REDACTED] <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
		<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				

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02           02	002           002	<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		
		Drug Type					
Individual Condition <b>APPEARED NORMAL</b>							