18-13371

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

OILUSHOOMI	Crash Date 12/01/2018 Date Notified 12/01/2018 On Emergency Government Property	Primary Crash Crash Time 12:30 PM Time Notified 12:34 PM Hit and Run Active So	Lane Clos	18-13 Date A 12/01 Total I 02	Arrived /2018				
	Reportable Description	Crash Type DT4000 (STA	ANDARD CRASI	H)		Amended Seconda Crash			
	Not to Sca	le Overpass b	oridge Unit 1	-	nit 2	Amendo		Reconstruction By Photos By DEPUTY STEVEN MESSNER Additional Information PHOTOS	
	UNIT 1 WAS WESTBOUND ON SLUSH AT VARIOUS LOCATION BOTH UNITS HAD MINOR DAI	N US 12. UNIT 1 ST	TRUCK UNIT 2 WH OR OF UNIT 1 ADI	IEN PAS MITTED	SING UNIT 2. THE CON TO SPEEDING UP AND	IDITIONS OF TH			

6TL09H5JNT 18-13371

Location

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Crash Time 12:30 PM

OF N	T S REEDSBURG RD			43.5312	43.531234955 X Coordinate		-89.786998293 Y Coordinate		
	E TOWN OF DELTOI UK COUNTY	N		274798 Structure	.5		4823584		
				NO ST	RUCTURE				
Crash	h Scene								
First Ha	armful Event			First Har	mful Event L	ocation			
	OR VEH IN TRANSPO	ORT		ADWAY					
	r of Collision I DESWIPE/SAME DIF	RECTION		"	Light Condition DAYLIGHT Roadway Factor(s)				
	Surface Condition(s)	RECTION							
	SLUSH, ICE			Roddwa	y i doloi(3)				
Environ	nment Factor(s)								
WEAT	THER CONDITIONS			ROAD :	SURFACE	CONDITION	N (WET, ICY, SNOW, SLUSH,		
Weathe	er Condition(s)								
CLOU	IDY, SNOW, SLEET/I	HAIL							
Animal	Туре			Relation	To Trafficwa	ıV			
	**			ICWAY - O	•				
Crash (Classification - Location			Crash Cl	assification -	Jurisdiction			
	IC PROPERTY			NO SPECIAL JURISDICTION					
Tribal Land				Access Control NO CONTROL			Special Study		
Within I	Interchange Area	Junction Location	Inte	rsection Type					
NO		NON-JUNCTION	NO	NOT AN INTERSECTION					
Unit S	Summary —								
Unit Sta	atus		Vehicle Operating	g As Classification	- 71				
	ANSIT	D CLASS							
Vehicle					Operating A	As Endorsements			
	ENGER CAR	Train/Rus # Injured	Total # Citations	Total # Citations Issued Total Trai			illers Total HazMat Types		
10tai 0	Occs Train/Bus # Injured					1013	0		
			1		0		10		
Insuran	nce?	Direction Of Travel	1 Pro Cras	hTire	0 Speed Lir	nit	Total Lanes		
Insuran YES	nce?	Direction Of Travel NORTHBOUND	1 Pre Cras			nit	-		
YES	nce? larmful Event: Collision V	NORTHBOUND	Pre Cras Mar	k	Speed Lir	Emergency	Total Lanes 4 Motor Vehicle Use		
YES Most Ha		NORTHBOUND Vith	Pre Cras	k	Speed Lir	Emergency NOT APP	Total Lanes 4 Motor Vehicle Use		
YES Most Hat MOTO	larmful Event: Collision V DR VEH IN TRANSPO Way	NORTHBOUND Vith DRT	Pre Cras Mari Special Function NO SPECIAL Traffic Control	FUNCTION	Speed Lir	Emergency NOT APP Traffic Con	Total Lanes 4 Motor Vehicle Use		
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		Towed Due To Dama	age		cle Removed By				
		NOT TOWED			RATOR				
		What Driver Was Doing			cle Factors				
		ACCELERATING	IN ROAD	NOT ADDITION 5					
		Driver Prior Action Other			NOT APPLICABLE				
		Driver Actions							
		SPEED TOO FAS	T/COND						
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	>								
		Driver Distractions NOT DISTRACTED							
		NOT DIGHTAGED							
2	01								
0	0								
		Owner Name	E MCCOV		Owner Address				
		JOSHUA JEROMI (608) 415-7446	E MICCOT	215 EAST ST BARABOO, WI 53913 , US					
		(000) 410 1440			BANABOO, WI 33913 , US				
	\$	Sequence Of E	vents						
	01	Event MOTOR VEH IN TRANSPORT							
	0	MOTOR VEH IN T	RANSFORT						
	02	Event							
	0								
	03	Event							
	0								
	04	Event							
		Policy Holder							
╘		Policy Holder							
L N		Insurance Company			dividual				
_		OHIO-INDEMNITY	Y-CO	J	JOSHUA MCCOY				
		Individual							
		Driver JOSHUA JEROME MCCOY (608) 415-7446			tations Issued	Sex			
	إ			1		MALE			
	U			Da	ate of Birth	Race			
╘						BLACK			
	INDIVIDUA	Address		Dr	river License Number				
	Ä	215 EAST ST BARABOO, WI 53913 , US		STATE: WISCONSIN COUNTRY: UNITED STATES					
	=								
		Equipment	On Duty Crash	Sa	afety Equipment				
		Seat Position		SI	HOULDER & LAP BELT				
		1FRONT SEAT-L	LEFT SIDE (DRIVER/MOTORCY						
		Helmet Use		He	elmet Compliance				
		Eye Protection							
				Tii	Tint Compliance				
2	001	Injury	Injury Severity		rbag				
٦	0		NO APPARENT INJURY		ON DEPLOYED	Two up at a second			
		Ejected			ection Path	Trapped/Extricated			
		NOT EJECTED		N	OT EJECTED/NOT APPLICABL	NOT TRAPPED			

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	Medical Transport				EMS Agend	EMS Agency Identifier			EMS Run #		
		NOT TRANSPORTED									
		Hospital			Date of Dea	ath		Time of Dea	ne of Death		
		Non Motorist Striking Unit # Prior Action		•	Location		1		To/From School		
LIND	INDIVIDUAL	Action Other									
			Suspected	Alcohol I	Use	Suspected	Drug Use				
	D	rug & Alcohol	NO			NO					
		Alcohol Test Given TEST NOT GIVEN				Alcohol Tes	st Type		Alcohol Tes	st Results	
		Drug Test Given TEST NOT GIVEN				Drug Test 1	Гуре		Drug Test F	Results	
5	001	Drug Type									
		Individual Condition									
		APPEARED NORMAL									
	Violations										
	\ \	/iolations									
	٩ ا	Violations UTC Number Al389007	Issue To?	Sta 34	atute Number 6.57(3)	Seq Num	Description DRIVING TOO	FAST FO	R CONDITIC	ons	
	5	UTC Number Al389007		Sta 34	atute Number 6.57(3)	Seq Num		FAST FO	R CONDITIO	ONS	
	ے Unit	AI389007 E Summary Status		Sta 34	atute Number 6.57(3)	Vehicle Operat			Unit Type	DNS	
	Unit	UTC Number AI389007 E Summary Status RANSIT		Sta 34	atute Number 6.57(3)		DRIVING TOO		Unit Type TRUCK		
02	Unit S	UTC Number Al389007 : Summary Status RANSIT cle Type	001	34	atute Number 6.57(3)	Vehicle Operat	DRIVING TOO		Unit Type TRUCK	DNS As Endorsem	nents
-	Unit S IN T Vehic	UTC Number AI389007 E Summary Status RANSIT	001 JP TRUCK	34	6.57(3)	Vehicle Operat	DRIVING TOO		Unit Type TRUCK Operating A		
-	Unit : Unit : IN T Vehic UTIL Total 1	UTC Number Al389007 E Summary Status RANSIT Cle Type LITY TRUCK/PICKU Occs	JP TRUCK	Bus # In	6.57(3)	Vehicle Operat D CLASS Total # Citation 0	ing As Classifications Issued	Total Trai	Unit Type TRUCK Operating A	As Endorsem Total HazN 0	∕lat Types
02	Unit: IN T Vehic UTIL Total 1 Insur YES	UTC Number Al389007 E Summary Status RANSIT cle Type LITY TRUCK/PICKU Occs ance?	DIP TRUCK Train/ Direct	34	jured	Vehicle Operat D CLASS Total # Citation 0 Pre Cra	ing As Classifications Issued	Total Trai	Unit Type TRUCK Operating A	Total HazN O Total Lane	Mat Types s
-	Unit: Unit: IN T Vehic UTIL Total 1 Insur YES Most	UTC Number AI389007 E Summary Status RANSIT Cle Type LITY TRUCK/PICKU Occs ance? Harmful Event: Collision FOR VEH IN TRANS	JP TRUCK Train/ Direct NOR On With	Bus # Injiion Of Ti	jured	Vehicle Operat D CLASS Total # Citation 0 Pre Cra Ma Special Function NO SPECIAL	ing As Classifications Issued ashTire ark	Total Trai 0 Speed Lii	Unit Type TRUCK Operating A illers mit Emergency NOT APP	Total Hazh Total Lane 4 Motor Vehic LICABLE	Mat Types s cle Use
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Crash Date 12/01/2018 Crash Time 12:30 PM

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	Щ	Initial Contact Point	Vehicle Damage				
⊨∣	VEHICLE	11LEFT FRONT CORNER					
LNO	¥	Extent Of Damage	11LEFT FRONT CORNER				
-	直	FUNCTIONAL DAMAGE					
	>	Towed Due To Damage	Vehicle Removed By				
		NOT TOWED	OPERATOR				
		What Driver Was Doing	Vehicle Factors				
		GOING STRAIGHT	venicle i actors				
		Driver Prior Action Other	NOT APPLICABLE				
		Diver Filor Action Other					
		Driver Actions					
	ш	NO CONTRIBUTING ACTION					
\vdash							
LNO	¥∣						
-	VEHICL						
	>						
		Driver Distractions					
		NOT DISTRACTED					
02	02						
		Owner Name	Owner Address				
		KRAIG DENNIS REYNOLDS	5910 WOODLAND DR				
		(608) 630-0211	WAUNAKEE, WI 53597, US				
	Į	Damies of Frants					
	3	Sequence Of Events Event					
	0	MOTOR VEH IN TRANSPORT					
		Event					
	02						
		Event					
	03						
		Event					
	04						
_	F	Policy Holder					
Ĭ		Insurance Company	Individual				
⊃		SOCIETY-INS-A-MUTUAL-CO	KRAIG REYNOLDS				
	i	ndividual					
	Ī	Driver	Citations Issued	Sex			
		KRAIG DENNIS REYNOLDS	0	MALE			
	₹ I	(608) 630-0211	Date of Birth	Race			
_	INDIVIDUAL			WHITE			
	₹	Address	Driver License Number				
>	ੁ⊟	5910 WOODLAND DR					
	\leq	WAUNAKEE, WI 53597 , US	STATE: WISCONSIN COUNTRY: UNITED STATES				
		_ On Duty Crash	Safety Equipment				
		Equipment					
		Seat Position	SHOULDER & LAP BELT				
		1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY					
		Helmet Use	Helmet Compliance				
		Eye Protection	Tint Compliance				

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Crash Date 12/01/2018

Crash Time 12:30 PM

Injury Ejected	NO APPARENT II	N.JURY	Airbag					
Ejected			NON DEPLOYE	υ 	Tanana ad/Estalanta d			
NOT F IFOTED			Ejection Path	NOT ADDITION DI	Trapped/Extricated			
					=			
	TED		EMS Agency Identifier		EMS Run #			
	ובט		Data of Darath		Time of Dooth			
Hospitai			Date of Death		Time of Death			
	Striking Unit #	Prior Action		Location		To/From School		
Non Motorist	Striking Offit #	Filor Action		Location		10/110111 3011001		
Action								
INDIVIDUAL								
Action Other								
Drug & Aloohol	Suspected Alcohol U	se		se				
_	NO		_					
			Alcohol Test Type		Alcohol Test Results			
			D T T		7 . 2 . 1			
Drug Test Given TEST NOT GIVEN	1		Drug Test Type		Drug Test Results			
Diag Type								
Individual Condition								
APPEARED NOR	MAL							
	···· ·							
	Action Other Action Other Action Other Action Other Action Other Drug & Alcohol Alcohol Test Given TEST NOT GIVEN Drug Test Given TEST NOT GIVEN Drug Type Individual Condition	Medical Transport NOT TRANSPORTED Hospital Non Motorist Action Action Other Suspected Alcohol NO Alcohol Test Given TEST NOT GIVEN Drug Type Drug Type	Medical Transport NOT TRANSPORTED Hospital Non Motorist Action Action Action Striking Unit # Prior Action Prior Action Action Suspected Alcohol Use No Alcohol Test Given TEST NOT GIVEN Drug Test Given TEST NOT GIVEN Drug Type Individual Condition	Medical Transport NOT TRANSPORTED Hospital Date of Death Prior Action	Medical Transport NOT TRANSPORTED Hospital Date of Death Non Motorist Action Action Action Other Suspected Alcohol No Alcohol Test Given TEST NOT GIVEN Drug Type Individual Condition EMS Agency Identifier EMS Agency Identifier EMS Agency Identifier Date of Death Location Location Location Alcohol Test Orug Use NO Alcohol Test Type Drug Test Given TEST NOT GIVEN Drug Type Individual Condition	Medical Transport NOT TRANSPORTED Hospital Date of Death Time of Death Non Motorist Action Action Action Other Suspected Alcohol Use NO Alcohol Test Given TEST NOT GIVEN Drug Test Given Drug Type Individual Condition EMS Agency Identifier EMS Run # Location Location Suspected Drug Use NO Alcohol Test Type Alcohol Test Results Prug Test Given Drug Type Individual Condition		