

6TL0BGSFCD

Document Number Override		Primary Crash Document #		Agency Crash Number 18-13447		Investigating Officer/Deputy DEPUTY B. LUBER	
Crash Date 12/03/2018		Crash Time 07:40 AM		Date Arrived 12/03/2018		Time Arrived 08:04 AM	
Date Notified 12/03/2018		Time Notified 07:42 AM		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 B LUBER 9129
		Additional Information PHOTOS, OTHER DOCUMENTS

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

U2 WAS PARKED WITH ITS FLASHERS ON, PARTIALLY IN THE SOUTHBOUND LANE OF TRAFFIC, IN FRONT OF S1045 HWY 33. U2 WAS PARKED TO UNLOAD HAY. U1 WAS SOUTH ON HWY 33. WHILE PASSING U2, A HAY BALE FELL FROM THE TRAILER, AND STRUCK U1. PROPERTY OWNER ED STRAMPE WAS OPERATING MACHINERY TO REMOVE HAY BALES FROM TRAILER. OPERATOR OF U2 WAS IN CAB AT TIME OF EVENT WORKING ON PAPERWORK. NARRATIVE REPORT COMPLETED.

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WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

Location

ON S1045 STH33 EB 688 FT N OF THOMPSON RD (FIRE S1045) IN THE TOWN OF LA VALLE IN SAUK COUNTY	Latitude 43.608265287	Longitude -90.139094083
	X Coordinate 246669.625	Y Coordinate 4833154
	Structure Type FIRE	

Crash Scene

First Harmful Event STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTIO		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 D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR				Operating As Endorsements	
	Total Occs 2	Train/Bus # Injured	Total # Citations Issued 0	Total Trailers 0	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 STRUCK BY FALLING, SHIFTING CARGO OR ANYT			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 STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

UNIT 01	Vehicle				
	License Plate Number ADT3400		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1G1ZH57BX94230941		Make CHEVROLET	Year 2009	Model MALIBU 1LT
	Color BLU - BLUE		Body Style 4D - 4DR		Bus Use NOT A BUS
	Initial Contact Point 12--FRONT		Vehicle Damage 1--RIGHT FRONT CORNER, 2--RIGHT SIDE FRONT, 3--RIGHT SIDE MIDDLE, 12--FRONT, TOP		
Extent Of Damage MINOR DAMAGE					

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UNIT	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
	Driver Distractions NOT DISTRACTED			
01	01	Owner Name JOSH D DENTER (608) 479-2010		Owner Address 307 N EAST ST WONEWOC, WI 53968 , US
Sequence Of Events				
	01	Event MOTOR VEH IN TRANSPORT		
	02	Event STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY MOTOR VEHICLE		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company ERIE-INS-CO		Individual JOSH DENTER	
UNIT	Individual			
	Driver MACKENZIE LYNN DENTER (608) 415-9213		Citations Issued 0	Sex FEMALE
	Address 307 N EAST ST WONEWOC, WI 53968 , US		Date of Birth	Race WHITE
	Driver License Number		STATE: WISCONSIN COUNTRY: UNITED STATES	
	Equipment		Safety Equipment	
	On Duty Crash		SHOULDER & LAP BELT	
	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		Helmet Compliance	
	Helmet Use		Tint Compliance	
	Eye Protection			
01	001	Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED
	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABL	Trapped/Extricated NOT TRAPPED

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					
		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	Individual					
		Passenger ISAAC W VANWORMER (608) 415-9213		Citations Issued 0	Sex MALE		
				Date of Birth	Race WHITE		
		Address 307 N EAST ST WONEWOC, WI 53968 , US		Driver License Number			
		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		

UNIT	INDIVIDUAL	Action		
		Action Other		
01	002	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 Summary

UNIT	02	Unit Status ILLEGALLY PARKED	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 0	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 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 STRAIGHT	Road Grade LEVEL	
		Truck Bus or HazMat TRUCK OR TRUCK COMBINATION > 10,000LBS GVWR/GCWR				

UNIT	VEHICLE	Vehicle			
		License Plate Number PAN3879	Plate Type APO - APPORTIONED	St MN	Country of Issuance UNITED STATES
		Vehicle Identification Number 1XP5DB9X65D846119	Make PETERBILT MOTORS CO	Year 2005	Model SEMI
		Color RED - RED	Body Style TT - TRUCK TRACTOR GASOLINE		Bus Use NOT A BUS
		Initial Contact Point NON-COLLISION	Vehicle Damage		
		Extent Of Damage NO DAMAGE	NO DAMAGE		
		Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR		
		What Driver Was Doing ILLEGALLY PARKED	Vehicle Factors		
		Driver Prior Action Other	NOT APPLICABLE		

UNIT	VEHICLE	Driver Actions NO CONTRIBUTING ACTION						
		Driver Distractions NOT DISTRACTED						
		Owner Name DOHRN TRUCKING (507) 251-8320		Owner Address 20 5TH AVE NE PLAINVIEW, MN 55964 , US				
Sequence Of Events								
02	02	01	Event CARGO/EQUIPMENT LOSS OR SHIFT					
		02	Event					
		03	Event					
		04	Event					
Policy Holder								
UNIT	02	Insurance Company MIDWEST-FAMILY-MUTUAL-INS-CO		Organization/Company DOHRN TRUCKING				
		Trailer/Towed						
UNIT	TRAILER/ TOWED	02	Trailer Plate # 5744STU	Plate Type APO - APP	Make TRAILER	State MN	Country of Issuance UNITED STATES	
		Unit Type UTILITY TRAILER	Organization/Company DOHRN TRUCKING (507) 251-8320		Address 20 5TH AVE NE PLAINVIEW, MN 55964 , US			
			Vehicle Identification Number 1TTE532A7K3133875					
Individual								
UNIT	INDIVIDUAL	02	Driver DANIEL JAMES BAKER (715) 490-2088		Citations Issued 0	Sex MALE		
					Date of Birth	Race WHITE		
		Address 415 2ND ST SE PLAINVIEW, MN 55964 1574, US		Driver License Number STATE: MINNESOTA COUNTRY: UNITED STATES				
		Equipment		On Duty Crash	Safety Equipment RESTRAINT USE UNKNOWN			
		Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY						
Helmet Use		Helmet Compliance						
Eye Protection		Tint Compliance						
02	003	Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED				

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UNIT	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		
	Drug Type						
02	003	Individual Condition APPEARED NORMAL					
		Carrier					
		<input checked="" type="checkbox"/> Use Vehicle Owner Same as Carrier			Source VEHICLE-SIDE		
		Name DOHRN TRUCKING USDOT# 955116			Address 20 5TH AVE NE PLAINVIEW, MN 55964 , US		
		GVWR MORE THAN 26,000 LB		Vehicle Configuration TRUCK TRACTOR/SEMI-TRAILER		Cargo Body Type FLATBED	
		US DOT # 955116		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 Weight	
		UNIT	02	01	TRUCK	BUS	