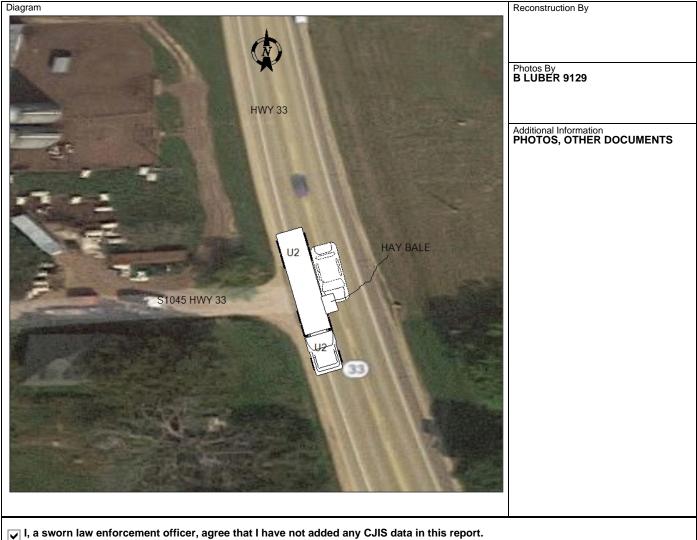
18-13447

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Override Primary Crash Document # Agency Crash Number Investigating Officer/Deputy 18-13447 **DEPUTY B. LUBER** Date Arrived Time Arrived Crash Date Crash Time 6TL0BGSFCD 12/03/2018 07:40 AM 12/03/2018 08:04 AM Date Notified Time Notified Total Units Total Injured Total Killed 12/03/2018 07:42 AM 02 00 00 Reporting ✓ Trailer or Towed Hit and Run Lane Closure On Emergency Work Zone Threshold Tags School Bus Related Government Active School Zone NO Property Crash Type DT4000 (STANDARD CRASH) Secondary Amended Reportable Crash

Description



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.

Crash Date **12/03/2018** Crash Time **07:40 AM**

18-13447

WISCONSIN MOTOR VEHICLE **CRASH REPORT**

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

	~~	ation								ι, <i>γ</i>	
1		ation stion				Latitude			Longitud		
	-	FT N				43.60826	5287		•	094083	
	-	THOMPSON RD				X Coordina			Y Coord		
	(FIR	E S1045)				246669.625			483315		
	ΙΝ Τ	HE TOWN OF LA VAL	LE			Structure 1	Гуре				
	IN S	AUK COUNTY				FIRE					
(Cra	sh Scene 🛛 🗖									
T	First	Harmful Event				First Harm	ful Event Lo	cation			
			IIFTING CARGO OR ANYTH	ING SET IN	ΜΟΤΙΟ	ON ROA	DWAY				
Ī		ner of Collision			Light Conc						
L		COLLISION W/VEHICL	E IN TRANSPORT			DAYLIGH					
	Road	Surface Condition(s)				Roadway I	-actor(s)				
	DRY	,									
Ī	Envi	onment Factor(s)									
	NOM	IE				NONE					
╞	Wea	ther Condition(s)									
	Anim	al Type				Relation To Trafficway					
	0				TRAFFICWAY - ON ROAD						
		h Classification - Location			Crash Classification - Jurisdiction NO SPECIAL JURISDICTION						
-		I Land				Access Control				Special Study	
						NO CONTROL					
F	With	n Interchange Area	Junction Location	Intersection Type		in Type					
	NO		NON-JUNCTION	NOT AN INTE			INTERSECTION				
Ī	Jnit	Summary									
T	Unit	Status		Vehicle Ope	erating As C	lassification		Unit Type			
		RANSIT	D CLASS				AUTOMOBILE				
							Operating As Endorsements				
_	-		Total # Citat	liana laguad	Total Traile		ailers Total HazMat Types		Mat Types		
	10ta	otal Occs Train/Bus # Injured		1 otal # Citat	ions issued	0				mat Types	
-		ance?	Direction Of Travel	-	CrashTire					es	
	YES		SOUTHBOUND		Mark						
ŀ	Most	Harmful Event: Collision V	Vith	Special Function				Emergency			
		· · ·	IIFTING CARGO OR ANYT	NO SPECIAL FUNCTION				NOT APPLICABLE			
ſ				Traffic Cont				Traffic Control Inoperative/Missing		tive/Missing	
		D-WAY, NOT DIVIDED		NO CONT				NO			
		ace Type CKTOP (BITUMINOUS	5)	Road Curva				Road Grade			
-		Bus or HazMat	•)	ontaion	•						
	NO										
	١	/ehicle									
		License Plate Number		Plate Type			St	Country of Is:			
		ADT3400			TOMOBIL	.E	WI	UNITED ST	ATES		
1	01	Vehicle Identification Num	Make			Year	Model	-			
	0	1G1ZH57BX94230941		CHEVRO			2009	MALIBU 1L	.1		
		Color BLU - BLUE		Body Style 4D - 4DR				Bus Use NOT A BUS	5		
	ш	Initial Contact Point		Vehicle Da							
		12FRONT			0						
	EHICL	Extent Of Damage				ORNER, 2	2RIGHT	SIDE FRON	T, 3RIG	HT SIDE MIDDLE, 12-	
)		MINOR DAMAGE	-FRONT, TOP								

UNIT

18-13447

WISCONSIN MOTOR VEHICLE CRASH REPORT

		Towed Due To Dama	age	Vehicle Removed By							
		NOT TOWED		OPERATOR							
		What Driver Was Doing		Vehicle Factors							
		GOING STRAIGH	т								
		Driver Prior Action Ot	ther	NOT APPLICABLE							
		Driver Actions									
	щ	NO CONTRIBUTI	NG ACTION								
E	VEHICLE										
UNIT	H										
_	Ν										
		Driver Distractions NOT DISTRACTE	D								
		NOT DISTRACTE	6								
5	01										
	0										
		Owner Name		Owner Address							
		JOSH D DENTER		307 N EAST ST							
		(608) 479-2010		WONEWOC, WI 53968, US							
	,	Sequence Of Events									
	01	Event MOTOR VEH IN TRANSPORT									
	2										
	02	STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY MOTOR VEHICLE									
	03	Event									
	_	Event									
	04										
E	l	Policy Holder Insurance Company Individual									
UNIT		ERIE-INS-CO			JOSH DENTER						
				JOSH DENTER							
		Individual									
				Citations Issued	Sex						
	٩L	MACKENZIE LYNN DENTER (608) 415-9213		0	FEMALE						
_	INDIVIDUA			Date of Birth	Race WHITE						
UNIT	VIC	Address		Driver License Number							
2		307 N EAST ST									
	4	WONEWOC, WI 5	3968,US	STATE: WISCONSIN COUNTRY: UNITED STATES							
	1	Equipment	On Duty Crash	Safety Equipment							
	1	Seat Position									
			LEFT SIDE (DRIVER/MOTORCY	SHOULDER & LAP BELT							
		Helmet Use	LEFT SIDE (DRIVER/MOTORCT	Helmet Compliance							
		rieimer 03e									
		Eye Protection		Tint Compliance							
	_		Injury Severity	Airbag							
0	00	Injury	NO APPARENT INJURY								
		Ejected		Ejection Path	Trapped/Extricated						
		NOT EJECTED		NOT EJECTED/NOT APPLICABI							
	noin N	Motor Vehicle Crash	This rep	ort does not include any CJIS data.	Crash Date 12/03/2018						

18-13447

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

		Medical Transport	TED		EMS Agency Identi	fier	EMS Run # Time of Death			
		Hospital			Date of Death					
		Non Motorist	Striking Unit #	Prior Action		Location		To/From School		
		Action								
	JAL									
	INDIVIDUAL									
<u>ر</u>	INDI									
		Action Other								
	Ľ	orug & Alcohol	Suspected Alcohol L NO	lse	Suspected Drug Us	6e				
		Alcohol Test Given			Alcohol Test Type		Alcohol Test Results			
		Drug Test Given TEST NOT GIVEN			Drug Test Type		Drug Test Results			
5	001	Drug Type								
-	0	Individual Condition								
		APPEARED NORMAL								
		Individual								
		Passenger			Citations Issued Sex					
	AL	ISAAC W VANWC (608) 415-9213	ORMER		0 Date of Birth		MALE Race			
╘	IDU						WHITE			
UNIT	INDIVIDUAL	Address 307 N EAST ST	2068 116		Driver License Number					
	-	WONEWOC, WI 53968 , US								
		Equipment	On Duty Crash		Safety Equipment					
		Seat Position 3FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER			SHOULDER & LAP BELT					
		Helmet Use			Helmet Compliance					
		Eye Protection			Tint Compliance					
5	002	Injury Severity			Airbag					
Ŭ	0	Ejected	NO APPARENT I	NJURY	NON DEPLOYE	D	Trapped/Extricated			
		NOT EJECTED				NOT APPLICABL	Trapped/Extricated NOT TRAPPED			
		Medical Transport NOT TRANSPOR			EMS Agency Identi	fier	EMS Run #			
		Hospital			Date of Death		Time of Death			
								7 / 5		
		Non Motorist	Striking Unit #	Prior Action		Location		To/From School		

18-13447

WISCONSIN MOTOR VEHICLE CRASH REPORT

		Action										
	AL											
UNIT	DO											
Z												
	Action Other											
	Ľ	Drug & Alcohol NO	pected Alcohol Use	Suspected Drug Use NO								
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type		Alcohol Tes	t Results					
		Drug Test Given		Drug Test Type		Drug Test R	tesults					
01	002	Drug Type										
	0											
		Individual Condition										
		APPEARED NORMAL										
ı——		t Summary		Wahiele Operating As Classifier	ion							
				Vehicle Operating As Classificat A CLASS	ION	Unit Type TRUCK						
02		cle Type JCK TRACTOR (SEMI A				Operating A	Operating As Endorsements					
	Tota	l Occs	Train/Bus # Injured	Total # Citations Issued	Total Tra	ilers Total HazMat Types						
	1 Insu	Irance? Direction Of Travel		0 Pre CrashTire	1 Speed Li	0 mit Total Lanes						
UNIT	YES	3	SOUTHBOUND	Mark	55		2					
5		t Harmful Event: Collision Wi		Special Function NO SPECIAL FUNCTION			Emergency Motor Vehicle Use NOT APPLICABLE					
		ic Way D-WAY, NOT DIVIDED		Traffic Control NO CONTROL		Traffic Cont NO	Traffic Control Inoperative/Missing NO					
	Surfa	асе Туре		Road Curvature			Road Grade					
		K Bus or HazMat)	STRAIGHT LEVEL								
			NATION > 10,000LBS GVV	VR/GCWR								
				Plate Type	St	Country of Is	suance					
		PAN3879		APO - APPORTIONED	MN	UNITED STATES						
02	02	Vehicle Identification Number 1XP5DB9X65D846119		PETERBILT MOTORS CO		Model SEMI						
		Color RED - RED		Body Style TT - TRUCK TRACTOR G	ASOLINE	Bus Use	Bus Use NOT A BUS					
⊢	Щ	Initial Contact Point		Vehicle Damage		-						
IN.	HIC	Extent Of Damage		NO DAMAGE								
	۳	NO DAMAGE										
	-			Vehicle Removed Bv		Vehicle Removed By OPERATOR						
		Towed Due To Damage NOT TOWED		OPERATOR								
		Towed Due To Damage										
UNIT 02		Vehicle Identification Numb 1XP5DB9X65D846119 Color RED - RED Initial Contact Point NON-COLLISION Extent Of Damage		Make PETERBILT MOTORS CO Body Style TT - TRUCK TRACTOR GA Vehicle Damage	MN Year 2005	UNITED ST Model SEMI Bus Use	TATES					

18-13447

WISCONSIN MOTOR VEHICLE CRASH REPORT

		Driver Actions								
	щ	NO CONTRIBUTING	ACTION							
E	VEHICL									
UNIT	¥									
	亩									
	>									
		Driver Distractions								
		NOT DISTRACTED								
02	02									
0	0									
		Owner Name				Owner A	ddress			
		DOHRN TRUCKING					AVENE			
		(507) 251-8320					/IEW, MN 55964	. US		
		(,						,		
		Sequence Of Eve	ents							
		Event								
	01	CARGO/EQUIPMEN	T LOSS O	R SHIF	т					
	02	Event								
	0									
	~	Event								
	03									
		Event								
	04	Lvent								
H		Policy Holder								
UNIT		Insurance Company				Organizati	on/Company			
Б		MIDWEST-FAMILY-I	MUTUAL-I	NS-CO			TRUCKING			
		Trailer/Towed								
ŝ		Trailer Plate #	Plate Type	e N	Make		State	Countr	y of Issuance	
02		Trailer Plate # 5744STU	Plate Type APO - A		Make TRAILER		State MN		y of Issuance E D STATES	
	1	5744STU		PP 1	TRAILER			UNITE	ED STATES	
	ER/ ED	5744STU Unit Type		PP 1 Organi				UNITE Addres	ED STATES	
	ALER/ WED	5744STU Unit Type UTILITY TRAILER	APO - A	PP 1 Organi DOHF	TRAILER ization/Company RN TRUCKING			UNITE Addres 20 5T	ED STATES	
	RAILER/ TOWED	5744STU Unit Type UTILITY TRAILER Vehicle Identification Nu	APO - A	PP 1 Organi DOHF	TRAILER			UNITE Addres 20 5T	STATES S H AVE NE	
	TRAILER/ TOWED	5744STU Unit Type UTILITY TRAILER	APO - A	PP 1 Organi DOHF	TRAILER ization/Company RN TRUCKING			UNITE Addres 20 5T	STATES S H AVE NE	
		5744STU Unit Type UTILITY TRAILER Vehicle Identification Nu 1TTE532A7K313387	APO - A	PP 1 Organi DOHF	TRAILER ization/Company RN TRUCKING			UNITE Addres 20 5T	STATES S H AVE NE	
		5744STU Unit Type UTILITY TRAILER Vehicle Identification Nu 1TTE532A7K313387 Individual	APO - A	PP 1 Organi DOHF	TRAILER ization/Company RN TRUCKING	Citations	MN	UNITE Addres 20 5T PLAIN	ED STATES IS H AVE NE IVIEW, MN 55964 , US	
		5744STU Unit Type UTILITY TRAILER Vehicle Identification Nu 1TTE532A7K313387 Individual Driver	APO - Al	PP 1 Organi DOHF	TRAILER ization/Company RN TRUCKING	Citations I	MN	UNITE Addres 20 5T PLAIN	ED STATES IS H AVE NE IVIEW, MN 55964 , US	
		5744STU Unit Type UTILITY TRAILER Vehicle Identification Nu 1TTE532A7K313387 Individual Driver DANIEL JAMES BA	APO - Al	PP 1 Organi DOHF	TRAILER ization/Company RN TRUCKING	0	MN	UNITE Addres 20 5T PLAIN	ED STATES IS H AVE NE IVIEW, MN 55964 , US Sex MALE	
		5744STU Unit Type UTILITY TRAILER Vehicle Identification Nu 1TTE532A7K313387 Individual Driver	APO - Al	PP 1 Organi DOHF	TRAILER ization/Company RN TRUCKING		MN	UNITE Addres 20 5T PLAIN	ED STATES IS H AVE NE IVIEW, MN 55964 , US Sex MALE Race	
UNIT		5744STU Unit Type UTILITY TRAILER Vehicle Identification Nu 1TTE532A7K313387 Individual Driver DANIEL JAMES BAI	APO - Al	PP 1 Organi DOHF	TRAILER ization/Company RN TRUCKING	0	MN	UNITE Addres 20 5T PLAIN	ED STATES IS H AVE NE IVIEW, MN 55964 , US Sex MALE	
UNIT		5744STU Unit Type UTILITY TRAILER Vehicle Identification Nu 1TTE532A7K313387 Individual Driver DANIEL JAMES BAI (715) 490-2088	APO - Al	PP 1 Organi DOHF	TRAILER ization/Company RN TRUCKING	0 Date of Bi	MN	UNITE Addres 20 5T PLAIN	ED STATES IS H AVE NE IVIEW, MN 55964 , US Sex MALE Race	
		5744STU Unit Type UTILITY TRAILER Vehicle Identification Nu 1TTE532A7K313387 Individual Driver DANIEL JAMES BAI (715) 490-2088 Address 415 2ND ST SE	APO - A	PP 1 Organi DOHF (507)	TRAILER ization/Company RN TRUCKING	0 Date of Bin Driver Lice	MN ssued th ense Number	UNITI Addres 20 5T PLAIN	ED STATES IS H AVE NE IVIEW, MN 55964 , US Sex MALE Race WHITE	
UNIT		5744STU Unit Type UTILITY TRAILER Vehicle Identification Nu 1TTE532A7K313387 Individual Driver DANIEL JAMES BAI (715) 490-2088	APO - A	PP 1 Organi DOHF (507)	TRAILER ization/Company RN TRUCKING	0 Date of Bin Driver Lice	MN ssued	UNITI Addres 20 5T PLAIN	ED STATES IS H AVE NE IVIEW, MN 55964 , US Sex MALE Race WHITE	
UNIT		5744STU Unit Type UTILITY TRAILER Vehicle Identification Nu 1TTE532A7K313387 Individual Driver DANIEL JAMES BAI (715) 490-2088 Address 415 2ND ST SE	APO - A	PP 1 Organi DOHF (507)	TRAILER ization/Company RN TRUCKING	0 Date of Bin Driver Lice	MN ssued th ense Number	UNITI Addres 20 5T PLAIN	ED STATES IS H AVE NE IVIEW, MN 55964 , US Sex MALE Race WHITE	
UNIT		5744STU Unit Type UTILITY TRAILER Vehicle Identification Nu 1TTE532A7K313387 Individual Driver DANIEL JAMES BAI (715) 490-2088 Address 415 2ND ST SE PLAINVIEW, MN 555	APO - Al mber 5 KER 964 1574,	PP 1 Organi DOHF (507)	TRAILER ization/Company RN TRUCKING	0 Date of Bin Driver Lice STATE:	MN ssued th ense Number MINNESOTA CO	UNITI Addres 20 5T PLAIN	ED STATES IS H AVE NE IVIEW, MN 55964 , US Sex MALE Race WHITE	
UNIT		5744STU Unit Type UTILITY TRAILER Vehicle Identification Nu 1TTE532A7K313387 Individual Driver DANIEL JAMES BAI (715) 490-2088 Address 415 2ND ST SE PLAINVIEW, MN 559	APO - A	PP 1 Organi DOHF (507)	TRAILER ization/Company RN TRUCKING	0 Date of Bin Driver Lice	MN ssued th ense Number MINNESOTA CO	UNITI Addres 20 5T PLAIN	ED STATES IS H AVE NE IVIEW, MN 55964 , US Sex MALE Race WHITE	
UNIT		5744STU Unit Type UTILITY TRAILER Vehicle Identification Nu 1TTE532A7K313387 Individual Driver DANIEL JAMES BAI (715) 490-2088 Address 415 2ND ST SE PLAINVIEW, MN 555	APO - Al mber 5 KER 964 1574,	PP 1 Organi DOHF (507)	TRAILER ization/Company RN TRUCKING	0 Date of Bin Driver Lice STATE: Safety Equ	MN ssued th ense Number MINNESOTA CO	UNITE Addres 20 5T PLAIN	ED STATES IS H AVE NE IVIEW, MN 55964 , US Sex MALE Race WHITE	
UNIT		5744STU Unit Type UTILITY TRAILER Vehicle Identification Nu 1TTE532A7K313387 Individual Driver DANIEL JAMES BAI (715) 490-2088 Address 415 2ND ST SE PLAINVIEW, MN 555 Equipment	APO - A	PP 1 Organi DOHF (507)	TRAILER ization/Company RN TRUCKING 251-8320	0 Date of Bin Driver Lice STATE: Safety Equ	MN ssued th ense Number MINNESOTA CO	UNITE Addres 20 5T PLAIN	ED STATES IS H AVE NE IVIEW, MN 55964 , US Sex MALE Race WHITE	
UNIT		5744STU Unit Type UTILITY TRAILER Vehicle Identification Nu 1TTE532A7K313387 Individual Driver DANIEL JAMES BAI (715) 490-2088 Address 415 2ND ST SE PLAINVIEW, MN 555	APO - A	PP 1 Organi DOHF (507)	TRAILER ization/Company RN TRUCKING 251-8320	0 Date of Bin Driver Lice STATE: Safety Equ	MN ssued th ense Number MINNESOTA CO	UNITE Addres 20 5T PLAIN	ED STATES IS H AVE NE IVIEW, MN 55964 , US Sex MALE Race WHITE	
UNIT		5744STU Unit Type UTILITY TRAILER Vehicle Identification Nu 1TTE532A7K313387 Individual Driver DANIEL JAMES BAI (715) 490-2088 Address 415 2ND ST SE PLAINVIEW, MN 555 Equipment	APO - A	PP 1 Organi DOHF (507)	TRAILER ization/Company RN TRUCKING 251-8320	0 Date of Bin Driver Lice STATE: Safety Equ	MN ssued th ense Number MINNESOTA CO uipment INT USE UNKNO	UNITE Addres 20 5T PLAIN	ED STATES IS H AVE NE IVIEW, MN 55964 , US Sex MALE Race WHITE	
UNIT		5744STU Unit Type UTILITY TRAILER Vehicle Identification Nu 1TTE532A7K313387 Individual Driver DANIEL JAMES BAI (715) 490-2088 Address 415 2ND ST SE PLAINVIEW, MN 559 Equipment Seat Position 1FRONT SEAT-LE	APO - A	PP 1 Organi DOHF (507)	TRAILER ization/Company RN TRUCKING 251-8320	0 Date of Bin Driver Lice STATE: Safety Equ RESTRA	MN ssued th ense Number MINNESOTA CO uipment INT USE UNKNO	UNITE Addres 20 5T PLAIN	ED STATES IS H AVE NE IVIEW, MN 55964 , US Sex MALE Race WHITE	
UNIT		5744STU Unit Type UTILITY TRAILER Vehicle Identification Nu 1TTE532A7K313387 Individual Driver DANIEL JAMES BAI (715) 490-2088 Address 415 2ND ST SE PLAINVIEW, MN 559 Equipment Seat Position 1FRONT SEAT-LEI Helmet Use	APO - A	PP 1 Organi DOHF (507)	TRAILER ization/Company RN TRUCKING 251-8320	0 Date of Bin Driver Lice STATE: Safety Equ RESTRA Helmet Co	MN ssued th ense Number MINNESOTA CO uipment INT USE UNKNO ompliance	UNITE Addres 20 5T PLAIN	ED STATES IS H AVE NE IVIEW, MN 55964 , US Sex MALE Race WHITE	
UNIT		5744STU Unit Type UTILITY TRAILER Vehicle Identification Nu 1TTE532A7K313387 Individual Driver DANIEL JAMES BAI (715) 490-2088 Address 415 2ND ST SE PLAINVIEW, MN 559 Equipment Seat Position 1FRONT SEAT-LE	APO - A	PP 1 Organi DOHF (507)	TRAILER ization/Company RN TRUCKING 251-8320	0 Date of Bin Driver Lice STATE: Safety Equ RESTRA	MN ssued th ense Number MINNESOTA CO uipment INT USE UNKNO ompliance	UNITE Addres 20 5T PLAIN	ED STATES IS H AVE NE IVIEW, MN 55964 , US Sex MALE Race WHITE	
UNIT		5744STU Unit Type UTILITY TRAILER Vehicle Identification Nu 1TTE532A7K313387 Individual Driver DANIEL JAMES BAI (715) 490-2088 Address 415 2ND ST SE PLAINVIEW, MN 555 Equipment Seat Position 1FRONT SEAT-LEI Helmet Use Eye Protection	APO - Al mber 5 KER 064 1574, n Duty Cras	US	TRAILER ization/Company RN TRUCKING 251-8320	0 Date of Bin Driver Lice STATE: Safety Equ RESTRA Helmet Co Tint Comp	MN ssued th ense Number MINNESOTA CO uipment INT USE UNKNO ompliance	UNITE Addres 20 5T PLAIN	ED STATES IS H AVE NE IVIEW, MN 55964 , US Sex MALE Race WHITE	
UNIT		5744STU Unit Type UTILITY TRAILER Vehicle Identification Nu 1TTE532A7K313387 Individual Driver DANIEL JAMES BAI (715) 490-2088 Address 415 2ND ST SE PLAINVIEW, MN 559 Equipment Seat Position 1FRONT SEAT-LEI Helmet Use Eye Protection	APO - A	PP 1 Organi DOHF (507) US	TRAILER ization/Company RN TRUCKING 251-8320	0 Date of Bin Driver Lice STATE: Safety Equ RESTRA Helmet Co Tint Comp Airbag	MN ssued th ense Number MINNESOTA CO uipment INT USE UNKNO ompliance	UNITE Addres 20 5T PLAIN	ED STATES IS H AVE NE IVIEW, MN 55964 , US Sex MALE Race WHITE	

18-13447

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABL			BL	Trapped/Extricated					
		Medical Transport				gency Identif			EMS Run #			
		NOT TRANSPORTED Hospital			Date of Death				Time of Dooth			
									Time of Death			
		Non Motorist	king Unit #	Prior Action			Location			To/From School		
	1	Action										
E	INDIVIDUAL											
	IN											
		Action Other										
	Suspected Alcohol Use					Suspected Drug Use						
	L	Drug & Alcohol No				1 T + T			Alcohol Test Results			
		Alcohol Test Given TEST NOT GIVEN				Alcohol Test Type						
		Drug Test Given TEST NOT GIVEN				Drug Test Type			Drug Test Results	S		
02	003	Drug Type										
		Individual Condition										
		APPEARED NORMAL										
		AFFEARED NORMAL	-									
		Carrier										
		✓ Use Vehi	cle Owne	er Same as Carrier		Source VEHICLE-SIDE						
8	01	Name			Address							
	0	DOHRN TRUCKIN USDOT# 955116	NG			20 5TH AVE NE PLAINVIEW, MN 55964 , US						
⊢	BUS	GVWR MORE THAN 26,000 L		nicle Configuration UCK TRACTOR/SEMI-					Cargo Body Type FLATBED			
		US DOT #	Car	rrier Type				Permi	itted Load			
-	TRUCK	955116	INT Permit Num			ehicle On	Facart					
	TR	OS/OW Load		Per		Route		By Pe		Escort Vehicle Present		
		Measured Height		Measured Length		Measured V	Vidth		Measured Weight			