

6TLOBNZLXV  
18-13858

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>18-13858</b>		Investigating Officer/Deputy <b>DEPUTY A. BREUNIG</b>	
Crash Date <b>12/14/2018</b>		Crash Time <b>06:10 AM</b>		Date Arrived <b>12/14/2018</b>		Time Arrived <b>06:33 AM</b>	
Date Notified <b>12/14/2018</b>		Time Notified <b>06:12 AM</b>		Total Units <b>02</b>		Total Injured <b>01</b>	Total Killed <b>00</b>
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input checked="" type="checkbox"/> Lane Closure		<input type="checkbox"/> Work Zone		<input type="checkbox"/> Trailer or Towed	<input checked="" 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>	Reconstruction By
	Photos By <b>SGT ERIC MILLER</b>
	Additional Information <b>CMV INSPECTION, PHOTOS</b>

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

UNIT 1 WAS TRAVELING EASTBOUND ON USH 14. UNIT 2 WAS TRAVELING SOUTHBOUND ON USH 14. THE INTERSECTION IS CONTROLLED WITH TRAFFIC SIGNALS. UNIT 1 TRAVELED INTO THE INTERSECTION. UNIT 2 WAS TRAVELING THRU THE INTERSECTION. UNIT 1 BROAD SIDED UNIT 2. BOTH UNITS CAME TO REST IN THE SOUTHWEST CORNER OF THE INTERSECTION. BOTH OPERATOR'S ADVISED THAT THEY HAD THE GREEN LIGHT.

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Location

INTERSECTION ON USH14 EB AT STH23 WB IN THE TOWN OF SPRING GREEN IN SAUK COUNTY	Latitude <b>43.18969958</b>	Longitude <b>-90.073859428</b>
	X Coordinate <b>250219.1875</b>	Y Coordinate <b>4786469</b>
	Structure Type	

Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>	First Harmful Event Location <b>ON ROADWAY</b>		
Manner of Collision <b>08--FRONT TO SIDE</b>	Light Condition <b>DARK/LIGHTED</b>		
Road Surface Condition(s) <b>WET</b>	Roadway Factor(s)  <b>NONE</b>		
Environment Factor(s) <b>NONE</b>			
Weather Condition(s) <b>CLOUDY</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>INTERSECTION-RELATED</b>	Intersection Type <b>FOUR-WAY INTERSECTION</b>	
Closure Type <b>CLOSURE-ONE DIRECTION</b>	Reasons for Closure		
Date Initial Lane/Rd Closed <b>12/14/2018</b>	Time Initial Lane/Rd Closed <b>06:20 AM</b>	<b>FIRE/EMS</b>	
Date All Lanes Open <b>12/14/2018</b>	Time All Lanes Open <b>07:30 AM</b>	Date Scene Cleared <b>12/14/2018</b>	Time Scene Cleared <b>07:57 AM</b>

Unit Summary

UNIT 01	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>B CLASS</b>	Unit Type <b>TRUCK</b>		
	Vehicle Type <b>AGCMV (AG COMMERCIAL MOTOR VEHICLE)</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>EASTBOUND</b>	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit <b>45</b>	Total Lanes <b>2</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>TWO-WAY, NOT DIVIDED</b>	Traffic Control <b>TRAFFIC SIGNAL</b>	Traffic Control Inoperative/Missing <b>NO</b>		
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>	Road Curvature <b>STRAIGHT</b>	Road Grade <b>LEVEL</b>		
	Truck Bus or HazMat <b>TRUCK OR TRUCK COMBINATION &gt; 10,000LBS GVWR/GCWR</b>				
	<b>Vehicle</b>				
	License Plate Number	Plate Type	St	Country of Issuance	
Vehicle Identification Number <b>1XPAU09X3LD298290</b>	Make <b>PETERBILT MOTORS CO</b>	Year <b>1990</b>	Model <b>350</b>		

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UNIT	VEHICLE	Color <b>WHI - WHITE</b>	Body Style <b>CB - CAB CHASSIS</b>	Bus Use <b>NOT A BUS</b>	
		Initial Contact Point <b>12--FRONT</b>	Vehicle Damage		
		Extent Of Damage <b>DISABLING DAMAGE</b>	<b>12--FRONT</b>		
		Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	Vehicle Removed By <b>WEGNER TOWING</b>		
		What Driver Was Doing <b>GOING STRAIGHT</b>	Vehicle Factors		
UNIT	VEHICLE	Driver Prior Action Other	<b>NOT APPLICABLE</b>		
		Driver Actions			
		Driver Distractions <b>UNKNOWN IF DISTRACTED</b>			
		Owner Name <b>COOK'S COUNTRYSIDE TRUCKING LLC (608) 544-5445</b>	Owner Address <b>S7701A DENZER RD NORTH FREEDOM, WI 53951 , US</b>		
		<b>Sequence Of Events</b>			
UNIT	01	Event <b>MOTOR VEH IN TRANSPORT</b>			
		Event			
		Event			
		Event			
UNIT	04	<b>Policy Holder</b>			
		Insurance Company <b>ACUITY,-A-MUTUAL-INSURANCE-CO</b>	Organization/Company <b>COOK'S COUNTRYSIDE TRUCKING LLC</b>		
		<b>Individual</b>			
UNIT	INDIVIDUAL	Driver <b>AARON P BREWER (608) 393-4383</b>	Citations Issued <b>1</b>	Sex <b>MALE</b>	
			Date of Birth	Race <b>WHITE</b>	
		Address <b>E4029 KENNEDY RD SPRING GREEN, WI 53588 , US</b>	Driver License Number <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			

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01	UNIT	INDIVIDUAL	Eye Protection		Tint Compliance				
			<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NOT APPLICABLE</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					
01	UNIT	001	Drug Type				Individual Condition <b>APPEARED NORMAL</b>		
			<b>Violations</b>						
			UTC Number <b>AE753143</b>	Issue To? <b>001</b>	Statute Number <b>346.37(1)(c)1</b>	Seq Num <b>001</b>	Description <b>OPERATOR VIOLATE RED TRAFFIC LIGHT</b>		
			<b>Carrier</b>						
01	UNIT	001	<input checked="" type="checkbox"/> Use Vehicle Owner Same as Carrier		Source <b>VEHICLE-SIDE</b>				
			Name <b>COOK'S COUNTRYSIDE TRUCKING LLC USDOT# 1006977</b>		Address <b>S7701A DENZER RD NORTH FREEDOM, WI 53951 , US</b>				
			GVWR <b>MORE THAN 26,000 LB</b>	Vehicle Configuration <b>SINGLE UNIT TRUCK (3 OR MORE AXLES)</b>		Cargo Body Type <b>CARGO TANK</b>			
			US DOT # <b>1006977</b>	Carrier Type <b>INTRASTATE CARRIER</b>		Permitted Load <b>NOT APPLICABLE</b>			
			<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 Width		Measured Weight
<b>Unit Summary</b>									
Unit Status <b>IN TRANSIT</b>			Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>				

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UNIT	02	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>UNKNOWN</b>	Direction Of Travel <b>SOUTHBOUND</b>	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit <b>40</b>	Total Lanes <b>2</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>TWO-WAY, NOT DIVIDED</b>		Traffic Control <b>TRAFFIC SIGNAL</b>	Traffic Control Inoperative/Missing <b>NO</b>	
		Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>	Road Grade <b>LEVEL</b>	
		Truck Bus or HazMat <b>NO</b>				
UNIT	02	<b>Vehicle</b>				
		License Plate Number <b>739UBX</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
		Vehicle Identification Number <b>JTDKB20U387799471</b>	Make <b>TOYOTA</b>	Year <b>2008</b>	Model <b>PRIUS</b>	
		Color <b>BLU - BLUE</b>	Body Style <b>4D - 4DR</b>		Bus Use <b>NOT A BUS</b>	
		Initial Contact Point <b>3--RIGHT SIDE MIDDLE</b>	Vehicle Damage			
		Extent Of Damage <b>DISABLING DAMAGE</b>	<b>ALL AREAS</b>			
		Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	Vehicle Removed By <b>GEORGES AUTO BODY</b>			
		What Driver Was Doing <b>GOING STRAIGHT</b>	Vehicle Factors			
		Driver Prior Action Other	<b>NOT APPLICABLE</b>			
		Driver Actions				
	Driver Distractions <b>UNKNOWN IF DISTRACTED</b>					
	Owner Name <b>THERESA M BAUER</b>	Owner Address <b>S9964 MARKLEIN RD PLAIN, WI 53577 , US</b>				
UNIT	01	<b>Sequence Of Events</b>				
	02	Event <b>MOTOR VEH IN TRANSPORT</b>				
	03	Event				

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UNIT	INDIVIDUAL	04 Event				
		<b>Individual</b>				
		Driver <b>THERESA M BAUER</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
				Date of Birth	Race <b>WHITE</b>	
		Address <b>S9964 MARKLEIN RD PLAIN, WI 53577 , US</b>		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
		<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		
		UNIT	INDIVIDUAL	02 002 <b>Injury</b>		
Injury Severity <b>SUSPECTED SERIOUS INJUR</b>				Airbag <b>DEPLOYED-FRONT</b>		
Ejected <b>NOT EJECTED</b>				Ejection Path <b>NOT EJECTED/NOT APPLICABL</b>	Trapped/Extricated <b>TRAPPED/EXTRICATED</b>	
Medical Transport <b>EMS GROUND</b>				EMS Agency Identifier <b>6000554</b>	EMS Run #	
Hospital <b>UNIVERSITY OF WI HOSPITALS &amp; CLINICS AUT</b>				Date of Death	Time of Death	
<b>Non Motorist</b>				Striking Unit #	Prior Action	Location
Action				To/From School		
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>NOT OBSERVED</b>						

**Witness**

WITN ESS	01 Individual <b>RONALD WADE MILLER (608) 438-3892</b>		Address <b>23225 COUNTY HWY AA RICHLAND CENTER, WI 53581 , US</b>		Date of Birth