18-13786

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date		18-1	ncy Crash Number I 3786	Investigating Officer/Deputy DEPUTY B. LUBER Time Arrived			
12/12/2018	Crash Time 08:00 AM		Arrived 2/2018	Time Arrived 08:20 AM			
Crash Date 12/12/2018 Date Notified 12/12/2018 On Emergency Government Property	Time Notified 08:04 AM	Tota 02	I Units	Total Injured 00	Total Kille 00	ed	
On Emergency	Hit and Run	Lane Closure	Work Zone	✓ Trailer or	Towed	Reporting Threshold	
Government Property	Active So	chool Zone School NO	ool Bus Related	Tags			
✓ Reportable	Crash Type DT4000 (STA	ANDARD CRASH)		Amended		Secondary Crash	
Description					econstruction		
			402	Ac	lditional Info DNE	rmation	

UT WAS EAST ON CTH DL, WHILE GOING OPHILL, UT WAS NOT ABLE TO CONTINUE OF THE HILL, CROSSED THE CENTERLINE, AND BECAME STOCK IN THE WEST BOUND LANE. AT THE TIME OF THE CRASH THE HILL WAS COVERED IN ICE AND SNOW. U2 WAS WEST BOUND, SAW THE VEHICLE, ATTEMPTED TO STOP, WAS NOT ABLE TO DUE TO ROAD CONDITIONS. OPERATOR OF U2 STATED SHE DECIDED TO STRIKE THE TRAILER INSTEAD OF THE TRUCK THAT WAS STOPPED IN HER LANE OF TRAVEL. NO INJURIES REPORTED. U1 WAS ABLE TO REMOVE ITSELF FROM THE HILL AFTER ROADWAY WAS TREATED WITH SALT/SAND. U2 REMOVED BY BILLS TOWING.

18-13786

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Location											
ON CTHDL EB						Latitude			Longitu	ıde	
0.54 MI W OF YUMYUM HILL TRL						43.41088	85631		-89.61	4440272	
IN THE TOWN OF MERRIMAC							X Coordinate Y Coordinate				
IN SAUK COUNTY						288322.	53125		48097	64.5	
							Туре				
Crash Scene											
First Harmful Event						First Harm	nful Event	Location			
MOTOR VEH IN TRANS	PORT					ON ROA					
Manner of Collision						Light Con	dition				
08FRONT TO SIDE						DAYLIG	нт				
Road Surface Condition(s)						Roadway	Factor(s)				
SNOW, ICE											
Environment Factor(s)											
NONE						ETC)	URFACI		N (WEI, I	ICY, SNOW, SLUSH,	
Weather Condition(s)											
CLOUDY											
Animal Type						Relation T					
							-	ON ROAD			
Crash Classification - Locati	on					Crash Classification - Jurisdiction					
PUBLIC PROPERTY Tribal Land						NO SPECIAL JURISDICTION Access Control Special Study					
						NO CONTROL				Special Study	
Within Interchange Area	Jun	ction Location			Intersecti	on Type					
NO	NO	N-JUNCTION			NOT AN	IINTERSE	CTION				
Closure Type				Reaso	ons for Clos	sure					
CLOSURE-ONE DIREC	TION	7						101/			
Date Initial Lane/Rd Closed		Time Initial Lane/Rd Close 08:00 AM	sed	LAW	ENFOR	CEMENT, T	OWIR	JCK			
Date All Lanes Open		Time All Lanes Open		Date S	Scene Clea	ared Time Scene Cleared					
12/12/2018		09:00 AM			2/2018	09:00 AM					
Unit Summary											
Unit Status			Veh	icle Ope	erating As (Classification	1	Unit Type			
ILLEGALLY PARKED			DC	LASS	_ASS			TRUCK Operating As Endorsements			
Vehicle Type								Operating	As Endorse	ements	
UTILITY TRUCK/PICKU		rain/Bus # Injured	Tata		tiona laqua	d	Total Tr	pilore	Total Ha		
Total Occs 2		rain/bus # injureu	10ia 0	al # Cital				Total Trailers 1		Total HazMat Types 0	
Insurance?	D	irection Of Travel	-	Dro	CrashTir			imit	Total Lanes		
YES	E	ASTBOUND			Mark	6	55		2		
Most Harmful Event: Collisio	on With			cial Fun			1		y Motor Vel		
MOTOR VEH IN TRANS	SPORT		NO	SPEC	IAL FUN	CTION			PLICABLI		
Traffic Way				fic Cont					ntrol Inoperation	ative/Missing	
TWO-WAY, NOT DIVIDED NO CONTROL							-	NO			
Surface Type Road Curvature BLACKTOP (BITUMINOUS) CURVE LEFT							Road Grad	le			
BLACKTOP (BITUMINC Truck Bus or HazMat	105)		CU	RVELI	EFI			UPHILL			
TRUCK OR TRUCK CO	MBINA	ATION > 10,000LBS G	WR/GO	CWR							
Vehicle											
License Plate Number				te Type			St	Country of			
KZ9547					GHT TRU	СК	WI	UNITED S	STATES		
5 Vehicle Identification N 1FT8W3B63FED25			Ma				Year	Model	DED		
• 1FT8W3B63FED25	000		FO	RD			2015	F350 SUF	CR		

5

UNIT

2

18-13786

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		Color		B	Body Style			Bus Use	
		WHI - WHITE		F	PK - PICKI	JP		NOT A BUS	
╘	Щ	Initial Contact Point NON-COLLISION		V	/ehicle Dam	age			
UNIT	₽	Extent Of Damage				CE			
	VEHICL	NO DAMAGE		ľ		GE			
	>	Towed Due To Damage Vehicle Removed By							
		NOT TOWED				-			
		What Driver Was Doing			/ehicle Facto				
		DISABLED OR PARI				013			
		Driver Prior Action Other				ICABLE			
		Diver I nor Action Other							
		Driver Actions							
	ш	WRONG SIDE OR W	RONG WAY. F	AILED TO KEEP I	IN DESIGI	NATED LANE			
-	IJ.		,						
UNIT	VEHICLE								
	山								
	>								
		Driver Distractions							
		UNKNOWN IF DISTR	RACTED						
2	5								
	•								
		Owner Name PUSH UNDERGROU			Owner A	Address ARABOO ST			
		(608) 370-5476				MAC, WI 53561 9765	. US		
		(,					,		
		Sequence Of Eve	nts						
	2	Event CROSS CENTERLIN	E						
		Event							
	02	MOTOR VEH IN TRA	NSPORT						
		Event							
	03								
	_	Event							
	04								
Ι.		Policy Holder							
UNIT		Insurance Company			Organizati	ion/Compony			
5		PEAK-PROPERTY-&		NS-CORP	Organization/Company PUSH UNDERGROUND CONSTRUCTION LLC				
			CACCALITI		1 0011 0				
		Trailer/Towed					1		
5		Trailer Plate #	Plate Type	Make		State		ntry of Issuance	
-		GLDS17	TRL - TRAI	TRAILER		FL	-	TED STATES	
L	2	Unit Type Organization/Company EQUIPMENT PUSH UNDERGROU		anization/Company			Addre 306	ess BARABOO ST	
UNIT	빌빌	EQUIPMENT	(60)	B) 370-5476				RRIMAC, WI 53561 9765, US	
5	TOWED	Vehicle Identification Nur 16JF01421G1048676	mber `	,				-,,,	
	•								
		Individual				d			
		Driver	оск		Citations I	ssueu		Sex MALE	
	TYLER JAMES AYCOCK (772) 359-4211				0	-41-		MALE	
Ι.	IDUAL				Date of Birth Race WHITE			Race WHITE	
LF.	E 9				White				

18-13786

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

S	2				Driver License Number					
_ ا	NDIV	715 12TH STREET			STATE: FLORIDA COUNTRY: UNITED STATES					
	=	BARABOO, WI 53913 , US			STATE: FLORIDA COUNTRY: UNITED STATES					
		Equipment	On Duty Crash		Safety Equipment					
		Seat Position			RESTRAINT US	EUNKNOWN				
		1FRONT SEAT-L	LEFT SIDE (DRIV	ER/MOTORCY						
		Helmet Use			Helmet Compliance	9				
		Fue Dratastian			TILO					
		Eye Protection			Tint Compliance					
	_		Injury Severity		Airbag					
2	001	Injury		INJURY	NON DEPLOYE	П				
	-	Ejected	NO AT AREAT		Ejection Path		Trapped/Extricated			
		NOT EJECTED				NOT APPLICABL	NOT TRAPPED			
		Medical Transport			EMS Agency Ident		EMS Run #			
		NOT TRANSPORT	TED		5 ,					
		Hospital			Date of Death		Time of Death			
			Striking Unit #	Prior Action		Location		To/From School		
		Non Motorist								
		Action				1				
	INDIVIDUAL									
E	Ŋ									
UNIT	1									
	ā									
	Z									
		Action Other								
			Suspected Alcohol		Suspected Drug Us	20				
	Ľ	Drug & Alcohol	NO	036	NO	50				
		Alcohol Test Given			Alcohol Test Type		Alcohol Test Results			
		TEST NOT GIVEN	I		Alcohol rest type		Alcohol Test Results			
		Drug Test Given			Drug Test Type		Drug Test Results			
		TEST NOT GIVEN	l				Brug root rootato			
	2	Drug Type								
5	8									
		Individual Condition								
		APPEARED NOR	MAL							
		Individual								
		Passenger			Citations Issued		Sex			
		SANTOS JESUS I	MACARIO LOPEZ	2	0		MALE			
	IAI	(561) 503-0802			Date of Birth		Race			
 	INDIVIDUAL						HISPANIC			
UNIT	Σ	Address	Address			nber				
	Ę	15 S. D. STREET								
	=	LAKE WORTH, FL	∟33460 , US							
•		Faultaneed	On Duty Crash		Safety Equipment					
		Equipment								
		Seat Position			RESTRAINT USE UNKNOWN					
		3FRONT SEAT-F	RIGHT SIDE (TRA	IN ENGINEER						
Wisco	onsin M	Notor Vehicle Crash		This repo	ort does not include an	y CJIS data.	Crash Date	12/12/2018		

18-13786

WISCONSIN MOTOR VEHICLE **CRASH REPORT**

		Helmet Use				Helme	t Compliance	•			
		Eye Protection				Tint Co	ompliance				
-	2		Injury Sev	verity		Airbag					
9	002	Injury	NO APF	PARENT	INJURY		DEPLOYE	D			
		Ejected					on Path		Trapped/Extricated		
		Medical Transport NOT TRANSPOR	TED			EMS A	Agency Identi	fier	EMS Run #		
		Hospital	IED			Date o	of Death		Time of Death		
		riospital				Date	Death		Time of Death		
		Non Motorist	Striking L	Jnit #	Prior Action			Location		To/From School	
		Action									
	INDIVIDUAL										
⊨	Ы										
UNIT	Σ										
	g										
	=										
		Action Other									
	Ľ	Drug & Alcohol	Suspecte	d Alcohol	Use	Suspected Drug Use					
		Alcohol Test Given				Alcohol Test Type Alcohol Test Results					
		TEST NOT GIVEN	IVEN				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
		Drug Test Given TEST NOT GIVEN				Drug Test Type			Drug Test Results		
5	002	Drug Type									
	0										
		Individual Condition									
		APPEARED NOR	MAL								
		Carrier									
		Use V	Vehicle O	wner Sa	ame as Carrier		Source				
		Name				Address					
2	0	PUSH UNDER	GROUI		NSTRUCTION		396 BAR	ABOO ST			
		LLC					MERRIM	AC, WI 53561 9	9765, US		
		USDOT# 2726	6348								
	BUS	GVWR		Vehicle (Configuration				Cargo Body Type		
E	В	10,001-26,000 LB	S		LE PULLING TRA	ILERS			NO CARGO BODY - (BC	BTAIL, LIGHT MOTO	
UNIT	СK	US DOT # 2726348		Carrier T OTHER	^{Гуре} R OPERATION/NO	T SPE	CIFIED		Permitted Load NOT APPLICABLE		
	TRUCK	OS/OW Load	WI Permit	Number			ehicle On Route		Vehicle Required By Permit	Escort Vehicle Present	
		Measured Height	1	Meas	sured Length		Measured \		Measured Weight		
	Uni	t Summary									

18-13786

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	Unit	Status		Veh	cle Operating As Class	ification		Unit Type			
	ΙΝ Τ				CLASS			AUTOMOBILE			
~	Vehi	Vehicle Type						Operating As Endorsements			
02	(SP	ORT) UTILITY VEHICLE									
	Tota	l Occs	Train/Bus # Injured	Tota	I # Citations Issued	Т	otal Trail	ers	Total HazMat Types		
	1			0		0			0		
	Insu	rance?	Direction Of Travel		Pre CrashTire	S	peed Lin	nit	Total Lanes		
F		KNOWN	WESTBOUND		Mark	5	5		2		
UNIT		t Harmful Event: Collision Wi			cial Function SPECIAL FUNCTIO			Emergency NOT APPI	Motor Vehicle Use		
		TOR VEH IN TRANSPO	RT			NN		-	-		
					fic Control				ol Inoperative/Missing		
		D-WAY, NOT DIVIDED		-	CONTROL			NO Road Grade			
		ACKTOP (BITUMINOUS)	N N		d Curvature RVE RIGHT						
		k Bus or HazMat)	00				DOWINHIL	L		
	NO										
		Vehicle									
		License Plate Number		Pla	te Type	St		Country of Is:	suance	_	
		158XHB				w		UNITED ST			
		Vehicle Identification Numb	ber	Ma			• ear	Model			
02	02	2GNFLFEK0F6109614		СН	EVROLET		015	EQUINOX I	LT		
		Color	Boo	dy Style			Bus Use				
		GRY - GRAY		UT	- SPORT UTILITY	VEHICLE		NOT A BUS	3		
	щ	Initial Contact Point	Vehicle Damage								
Ę	VEHICL	12FRONT									
UNIT	Ξ	Extent Of Damage		1	RIGHT FRONT COF	RNER, 11	LEFT	FRONT CO	RNER, 12FRONT		
	2	DISABLING DAMAGE									
		Towed Due To Damage			hicle Removed By						
		TOWED DUE TO DISA	BLING DAMAGE		BILLS TOWING Vehicle Factors						
		What Driver Was Doing NEGOTIATING CURVE	=	ver	venicle Factors						
		Driver Prior Action Other	-	NC	NOT APPLICABLE						
		Driver Actions									
	щ	NO CONTRIBUTING A	CTION								
F	บ										
UNIT	VEHICL										
	2										
		Driver Distractions NOT DISTRACTED									
02	02										
		Owner Name			Owner Address	-					
		JENNIFER LYNN ZUR (715) 340-2312	AWSKI		3107 BURBANK R STEVENS POINT,		US				
							,				
	·	Sequence Of Even Event	ts								
	9	PARKED MOTOR VEH									
	02	Event CROSS CENTERLINE									

18-13786

WISCONSIN MOTOR VEHICLE CRASH REPORT

	03										
	04	Event									
		Individual									
	AL	Driver JENNIFER LYNN ZURAWSKI (715) 340-2312			Citations Issued 0 Date of Birth		Sex FEMALE Race				
F	DU				Date of Birth		WHITE				
UNIT	INDIVIDUAL	Address 3107 BURBANK I STEVENS POINT			Driver License Nur	mber INSIN COUNTRY: U	NITED STATES				
		Equipment	On Duty Crash		Safety Equipment						
		Seat Position 1FRONT SEAT-	LEFT SIDE (DRIVE	R/MOTORCY	SHOULDER & I	LAP BELT					
		Helmet Use	-		Helmet Complianc	e					
		Eye Protection			Tint Compliance						
02	003	Injury	Injury Severity NO APPARENT I	NJURY	Airbag NON DEPLOYED						
		Ejected NOT EJECTED			Ejection Path NOT EJECTED	NOT APPLICABL	Trapped/Extricated NOT TRAPPED				
		Medical Transport NOT TRANSPORTED			EMS Agency Iden	tifier	EMS Run #				
		Hospital					Time of Death				
		Non Motorist Striking Unit # Prior Action				Location		To/From School			
		Action						1			
UNIT	INDIVIDUAL										
		Action Other									
	Ľ	Drug & Alcohol	Suspected Alcohol L	Jse	Suspected Drug Use NO						
		Alcohol Test Given	1		Alcohol Test Type		Alcohol Test Results				
		Drug Test Given TEST NOT GIVEN			Drug Test Type Drug Test Results						
02	003	Drug Type									
	Individual Condition APPEARED NORMAL										