

6TL0B7D6QP  
19-00554

# 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>19-00554</b>	Investigating Officer/Deputy <b>DEPUTY A. SUKOWATEY</b>	
Crash Date <b>01/13/2019</b>		Crash Time <b>06:39 PM</b>	Date Arrived <b>01/13/2019</b>	Time Arrived <b>06:47 PM</b>	
Date Notified <b>01/13/2019</b>		Time Notified <b>06:41 PM</b>	Total Units <b>01</b>	Total Injured <b>03</b>	Total Killed <b>00</b>
<input checked="" 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 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> <p>Not to Scale</p>	Reconstruction By
	Photos By <b>A SUKOWATEY</b>
	Additional Information <b>PHOTOS, DASH CAMERA VIDEO</b>

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

UNIT ONE WAS TRAVELING SOUTHBOUND ON US HWY 12 AT THE SAUK HILL WHEN DUE TO A SUSPECTED UNKNOWN MECHANICAL ISSUE THE VEHICLE CAUGHT FIRE FULLY ENGULFING THE VEHICLE.

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## Location

<b>INTERSECTION ON USH12 EB AT USH12 SB IN THE TOWN OF SUMPTER IN SAUK COUNTY</b>	Latitude <b>43.384146771</b>	Longitude <b>-89.768235909</b>
	X Coordinate <b>275771.34375</b>	Y Coordinate <b>4807197.5</b>
	Structure Type <b>NO STRUCTURE</b>	

## Crash Scene

First Harmful Event <b>FIRE/EXPLOSION</b>		First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>NO COLLISION W/VEHICLE IN TRANSPORT</b>		Light Condition <b>DARK/UNLIT</b>	
Road Surface Condition(s) <b>DRY</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>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>	
Closure Type <b>CLOSURE-ONE DIRECTION</b>		Reasons for Closure <b>LAW ENFORCEMENT, TOW TRUCK, FIRE/EMS</b>	
Date Initial Lane/Rd Closed <b>01/13/2019</b>	Time Initial Lane/Rd Closed <b>06:54 PM</b>	Date Scene Cleared <b>01/13/2019</b>	
Date All Lanes Open <b>01/13/2019</b>	Time All Lanes Open <b>08:40 PM</b>		

## Unit Summary

<b>UNIT</b>	<b>01</b>	Unit Status <b>ON EMERGENCY</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>						
		Vehicle Type <b>AMBULANCE ON EMERGENCY</b>				Operating As Endorsements						
		Total Occs <b>3</b>		Train/Bus # Recorded		Total # Citations Issued <b>0</b>		Total Trailers <b>0</b>		Total HazMat Types <b>0</b>		
		Insurance? <b>YES</b>		Direction Of Travel <b>SOUTHBOUND</b>		<input type="checkbox"/> Pre CrashTire Mark		Speed Limit <b>55</b>		Total Lanes <b>4</b>		
		Most Harmful Event: Collision With <b>FIRE/EXPLOSION</b>				Special Function <b>AMBULANCE</b>			Emergency Motor Vehicle Use <b>EMERGENCY OPERATION, EMERGEN</b>			
		Traffic Way <b>DIVIDED HWY W/O TRAFFIC BARRIER</b>				Traffic Control <b>NO CONTROL</b>			Traffic Control Inoperative/Missing <b>NO</b>			
		Surface Type <b>BLACKTOP (BITUMINOUS)</b>				Road Curvature <b>CURVE LEFT</b>			Road Grade <b>DOWNHILL</b>			
		Truck Bus or HazMat <b>NO</b>										
		<b>01</b>	<b>Vehicle</b>									
			License Plate Number <b>28563</b>				Plate Type <b>MUN - MUNICIPAL</b>		St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>		
Vehicle Identification Number <b>1GB3G2CL7F1261966</b>				Make <b>CHEVROLET</b>		Year <b>2015</b>	Model <b>EXPRESS CU</b>					

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UNIT VEHICLE	Color <b>WHI - WHITE</b>	Body Style <b>AM - AMBULANCE</b>	Bus Use <b>NOT A BUS</b>	
	Initial Contact Point <b>NON-COLLISION</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>EVERETTS TOWING</b>		
	What Driver Was Doing <b>GOING STRAIGHT</b>	Vehicle Factors		
	Driver Prior Action Other	<b>NOT APPLICABLE</b>		
UNIT VEHICLE	Driver Actions <b>NO CONTRIBUTING ACTION</b>			
	Owner Name <b>CITY OF TOMAH</b>	Owner Address <b>819 SUPERIOR AVE TOMAH, WI 54660 , US</b>		
01 01	<b>Sequence Of Events</b>			
	Event <b>FIRE/EXPLOSION</b>			
	Event			
	Event			
	Event			
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>UNION-INSURANCE-COMPANY-OF-PROVIDENCE</b>	Government <b>CITY OF TOMAH</b>		
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>JEREMY JOHN SCHALLER (608) 837-0275</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>	
		Date of Birth	Race <b>WHITE</b>	
	Address <b>225 HYLAND AVE TOMAH, WI 54660 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
01 001	<b>Safety Equipment</b>	On Duty Crash <b>EMT/FIRST-RESPONDER</b>	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
	Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>			
	Helmet Use	Helmet Compliance		
	Eye Protection	Tint Compliance		
	<b>Injury</b>	Injury Severity <b>SUSPECTED MINOR INJURY</b>	Airbag <b>NON DEPLOYED</b>	
	Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>	
Medical Transport <b>EMS GROUND</b>	EMS Agency Identifier <b>6000555</b>	EMS Run # <b>SPAA1901055</b>		

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UNIT INDIVIDUAL	Hospital <b>UW HEALTH-AMERICAN CENTER</b>		Date of Death	Time of Death	
	<b>Distracted By</b>		Distracted By Source		
	Distracted By Action <b>NOT DISTRACTED</b>				
	<b>Non Motorist</b>		Striking Unit #	Location	
	Prior Action				
	Action				
	Action Other			To/From School	
	<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	
01 001	Drug Type				
	Individual Condition <b>APPEARED NORMAL</b>				
	<b>Individual</b>				
	Passenger <b>THOMAS KENNETH COLLOTON (815) 444-8232</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>	
			Date of Birth	Race <b>WHITE</b>	
	Address <b>1010 BERRY AVE # 101 TOMAH, WI 54660 , US</b>		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
	<b>Safety Equipment</b>		On Duty Crash <b>EMT/FIRST-RESPONDER</b>	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
	Seat Position <b>OTHER</b>				
	Helmet Use		Helmet Compliance		
	Eye Protection		Tint Compliance		
01 002	<b>Injury</b>		Injury Severity <b>SUSPECTED MINOR INJURY</b>	Airbag <b>NON DEPLOYED</b>	
	Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>	
	Medical Transport <b>EMS GROUND</b>		EMS Agency Identifier <b>6000555</b>	EMS Run #	
	Hospital <b>SAUK PRAIRIE HOSP</b>		Date of Death	Time of Death	

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UNIT	INDIVIDUAL	<b>Distracted By</b> Distracted By Source		
		Distracted By Action		
		<b>Non Motorist</b>	Striking Unit # Location	
		Prior Action		
		Action		
		Action Other To/From School		
		<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		
UNIT	INDIVIDUAL	Individual Condition <b>APPEARED NORMAL</b>		
		<b>Individual</b>		
		Passenger <b>BETTY LAMERE</b> <b>(608) 432-4904</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>
		Date of Birth		Race <b>WHITE</b>
		Address <b>517 SIME AVE #10</b> <b>TOMAH, WI 54660 , US</b>		Driver License Number
		<b>Safety Equipment</b>	On Duty Crash	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>
		Seat Position <b>OTHER</b>		Helmet Compliance
		Helmet Use		Tint Compliance
		Eye Protection		Airbag <b>NON DEPLOYED</b>
		UNIT	INDIVIDUAL	<b>Injury</b>
Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>			Trapped/Extricated <b>NOT TRAPPED</b>
Medical Transport <b>EMS GROUND</b>	EMS Agency Identifier <b>6000555</b>			EMS Run # <b>SPAA1901054</b>
Hospital <b>UW HEALTH-AMERICAN CENTER</b>	Date of Death			Time of Death
<b>Distracted By</b> Distracted By Source				

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	<b>Non Motorist</b>	Striking Unit #	Location		
		Prior Action			
	<b>INDIVIDUAL</b>	Action			
		Action Other		To/From School	
		<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use	Suspected Drug Use	
			<b>NO</b>	<b>NO</b>	
			Alcohol Test Given	Alcohol Test Type	Alcohol Test Results
	<b>TEST NOT GIVEN</b>				
	Drug Test Given	Drug Test Type	Drug Test Results		
<b>TEST NOT GIVEN</b>					
<b>01</b>	<b>003</b>	Drug Type			
		Individual Condition			
		<b>APPEARED NORMAL</b>			
<b>Property Owner</b>					
<b>PROP OWNER</b>	<b>01</b>	Government <b>WISCONSIN DEPT OF TRANSPORTATION</b> (608) 246-3800		Address <b>2101 WRIGHT ST</b> <b>MADISON, WI 53705 2583, US</b>	
		<b>Fixed Objects Struck</b>			
<b>01</b>	Striking Unit <b>01</b>	Struck Object <b>OTHER OBJECT - NOT FIXED</b>	Structure Number	Damage Tag Number <b>337761</b>	