

6TL09N3P62

19-00574

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 19-00574	Investigating Officer/Deputy DEPUTY C. FRANK	
Crash Date 01/14/2019		Crash Time 07:41 AM	Date Arrived 01/14/2019	Time Arrived 07:59 AM	
Date Notified 01/14/2019		Time Notified 07:43 AM	Total Units 01	Total Injured 01	Total Killed 00
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input checked="" 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 9198
	Additional Information NONE, PHOTOS

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

ON THE ABOVE DATE AND TIME UNIT 1 WAS WESTBOUND ON GAVIN RD EAST OF CR K. UNIT ONE SWERVED LEFT TO AVOID 5 DEER IN ROADWAY. UNIT 1 AND TRAILER ENTERED SOUTH SHOULDER. UNIT 1 WAS ABLE TO MAINTAIN ON ROADWAY BUT TRAILER SUCKED SOUTH INTO STEEP DITCH. UNIT 1 AND TRAILER THEN ROLLED SOUTH ONE FLIP RESTING ON THE WHEELS. UNIT 1 WAS TRANSPORTING 2 HEAD CATTLE. UNIT 1 WAS REMOVED FROM DITCH BY STEVES TOWING. UNIT 1 AND TRAILER WAS ABLE TO BE DRIVEN TO NEARBY FARM WITH OWNERS PERMISSION. FARMER WAS OWNER OF 1 COW WHICH WAS DISPATCHED BY OWNER DUE TO INJURIES SUSTAINED IN CRASH. OTHER COW WAS TRANSFERRED TO ANOTHER TRAILER BY OWNER.

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Location

Table with location details: ON GAVIN RD 723 FT E OF CTHK WB IN THE TOWN OF WINFIELD IN SAUK COUNTY. Includes Latitude (43.619440344), Longitude (-89.98671672), X Coordinate (259011.984375), Y Coordinate (4833941.5), and Structure Type (NO STRUCTURE).

Crash Scene

Table with crash scene details: First Harmful Event (OVERTURN/ROLLOVER), Manner of Collision (NO COLLISION W/VEHICLE IN TRANSPORT), Road Surface Condition (DRY), Environment Factor (ANIMAL (S) IN ROADWAY), Weather Condition (CLEAR), Animal Type (DEER), Crash Classification (PUBLIC PROPERTY), and various other factors like Intersection Type (NOT AN INTERSECTION) and Closure Type (FULL CLOSURE).

Unit Summary

Table with unit summary and vehicle details. Unit 01: IN TRANSIT, UTILITY TRUCK/PICKUP TRUCK, C CLASS. Vehicle 01: License Plate Number DG93902, Make RAM, Year 2015, Model NO DATA FO.

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UNIT VEHICLE	Color SIL - SILVER (ALUMINUM)		Body Style PK - PICKUP	Bus Use NOT A BUS	
	Initial Contact Point NON-COLLISION		Vehicle Damage		
	Extent Of Damage FUNCTIONAL DAMAGE		ALL AREAS		
	Towed Due To Damage NOT TOWED		Vehicle Removed By		
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors		
UNIT VEHICLE	Driver Prior Action Other		NOT APPLICABLE		
	Driver Actions FAILURE TO CONTROL, SWERVED OR AVOIDED DUE TO WIND, SLIPPERY SURFACE, MOTOR VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC.				
	Owner Name THOMAS BENJAMIN MEISTER (608) 963-6138		Owner Address S1539 TOWN HALL RD LYNDON STATION, WI 53944 , US		
Sequence Of Events					
UNIT VEHICLE	01	Event DITCH			
	02	Event OVERTURN/ROLLOVER			
	03	Event			
	04	Event			
UNIT VEHICLE	Policy Holder				
	Insurance Company AUTO-OWNERS-INS-CO		Individual THOMAS MEISTER		
UNIT TRAILER/ TOWED	Trailer/Towed				
	Trailer Plate # FR17497	Plate Type TRL - TRAI	Make MHEB	State WI	
	Country of Issuance UNITED STATES	Individual THOMAS BENJAMIN MEISTER (608) 963-6138		Address S1539 TOWN HALL RD LYNDON STATION, WI 53944 , US	
UNIT INDIVIDUAL	Unit Type FULL TRAILER		Address S1539 TOWN HALL RD LYNDON STATION, WI 53944 , US		
	Vehicle Identification Number 4A2LG2627J2028723				
	Individual				
	Driver THOMAS BENJAMIN MEISTER (608) 963-6138		Citations Issued 0	Sex MALE	
	Address S1539 TOWN HALL RD LYNDON STATION, WI 53944 , US		Date of Birth	Race WHITE	
		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES			
Safety Equipment					
On Duty Crash		Safety Equipment			
Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		SHOULDER & LAP BELT			
Helmet Use		Helmet Compliance			

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01	001	Eye Protection		Tint Compliance				
		Injury	Injury Severity POSSIBLE INJURY		Airbag NON DEPLOYED			
			Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED		
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #		
		Hospital		Date of Death		Time of Death		
		Distracted By	Distracted By Source OTHER DISTRACTION (ANIMAL, FOOD, GROOMING)					
			Distracted By Action NOT DISTRACTED					
		Non Motorist	Striking Unit #		Location			
			Prior Action					
		UNIT	INDIVIDUAL	Action				
Action Other				To/From School				
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								
01	001							