6TL09N3P62 19-00574

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Overri	de Primary Crash		gency Crash Number	Investigating O		1		
0 10								
Crash Date 01/14/2019	Crash Time			Time Arrived 07:59 AM				
Date Notified 01/14/2019	Time Notified 07:43 AM	T 0	otal Units 1	Total Injured 01	Total Killed 00			
On Emergency	Hit and Run	✓ Lane Closure		✓ Trailer or	l .	Reporting Threshold		
Government Property	Active S	ala a a I 7 a a a	chool Bus Related	Tags				
✓ Reportable	Crash Type DT4000 (ST	ANDARD CRASH)		Amended	I	Secondary Crash		
Description =						1		
Diagram				R	econstructio	n By		
					hotos By			
				9	198			
				A	dditional Info	ormation		
		20		N	ONE, PHO	OTOS		
		44 5						
		्रती रिक						
		Gavin Rd						
		77						
		-* (1)						
~	_	<i>र</i> क्त						
\Box	01							
F								
01		~						
			— Not to cools					
			Not to scale					
I, a sworn law enfo	orcement officer, ag	ree that I have not a	ndded 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 TRANSFERED TO ANOTHER TRAILER BY OWNER.

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Lo	cation										
ON	I GAVIN RD					Latitude			Longitud	le	
	723 FT E						10344		-89.986	71672	
OF CTHK WB						X Coordinate Y Coordinate					
	IN THE TOWN OF WINFIELD IN SAUK COUNTY						259011.984375 4833941.5			1.5	
"	SAUR COUNTY					Structure Type					
						NO STRUCTURE					
Cra	ash Scene										
Firs	t Harmful Event					First Harm	ful Event L	ocation.			
O۷	'ERTURN/ROLLOVER					ON ROADWAY Light Condition					
Mai	nner of Collision										
NO	COLLISION W/VEHIC	LE IN TRANSPORT				DAYLIG	HT				
Roa	ad Surface Condition(s)					Roadway	Factor(s)				
DR	Y										
Env	vironment Factor(s)										
AN	IIMAL (S) IN ROADWA	Υ				NONE					
We	ather Condition(s)					†					
CL	EAR										
Ani	mal Type					Relation T	o Trafficwa	ny			
	DEER						CWAY - O				
	sh Classification - Location	1				Crash Classification - Jurisdiction					
_	PUBLIC PROPERTY Tribal Land						NO SPECIAL JURISDICTION Access Control Special Study				
						NO CONTROL					
Within Interchange Area NO Junction Location NON-JUNCTION				NOT AN IN			••				
							CTION				
	Closure Type Reasons					ure					
	LL CLOSURE										
Date Initial Lane/Rd Closed Time Initial Lane/Rd Closed					FOW TRUCK						
	01/14/2019 08:36 AM					T: 0 0					
Date All Lanes Open Time All Lanes Open				Date Scene Clear 01/14/2019				me Scene Clear I : 02 AM			
	it Summary =	10.117.111		0171-	72010			102 / 1111			
	t Status		Vehi	cle Ope	erating As C	lassification	1	Unit Type			
	TRANSIT			LASS		Taboliloation		TRUCK			
	Vehicle Type							Operating As Endorsements		ments	
	ITILITY TRUCK/PICKUP TRUCK										
Tota	Total Occs Train/Bus # Recorded 1				tions Issued		Total Trai	lers	Total Haz	Mat Types	
1			0	0			1	0			
Inst	urance?	Direction Of Travel		Pre CrashTir		Speed Lim		mit	t Total Lanes		
ΥE	YES WESTBOUND			Mark 45		45	2				
					Special Function NO SPECIAL FUNC			Emergency Motor Vehicle Use NOT APPLICABLE			
	TIOH										
	•		Traffic Control					Traffic Control Inoperative/Missing NO			
Surface Type R				NO CONTROL				Road Grade			
	ck Bus or HazMat	318	STRAIGHT LEVEL								
NO											
	Vehicle										
License Plate Number Plate Type						St Country of Issuance					
				LTK - LIGHT TRUC		CK WI UNITED STATES					
_	Vehicle Identification Number Make						Year	Model			
5	3C63RRAL5FG6615	18	RAM			2015 NO DAT		NO DATA F	A FO		

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		Color		E	Body Style			Bus Use			
		SIL - SILVER (ALUMINUM)			PK - PICKI	PK - PICKUP NOT A BUS					
	Щ	Initial Contact Point V			Vehicle Dam	/ehicle Damage					
	VEHICL	NON-COLLISION									
LNO	ᇁ	9			ALL AREA	S					
	>	FUNCTIONAL DAMAGE									
		Towed Due To Damage		'	/ehicle Removed By						
		NOT TOWED									
		What Driver Was Doing	\	Vehicle Fact	ehicle Factors						
		GOING STRAIGHT Driver Prior Action Other N				ICABI E					
		Driver Prior Action Other			NOT ALL	NOT APPLICABLE					
		Driver Actions									
_	쁫	FAILURE TO CONTROL, SWERVED OR AVOIDED DUE TO WIND, SLIPPERY SURFACE, MOTOR VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC.									
UNIT	VEHICL										
_	7										
		Owner Name			Owner A						
7	2	THOMAS BENJAMIN MEISTER (608) 963-6138				S1539 TOWN HALL RD LYNDON STATION, WI 53944 , US					
0	0					Title of Station, moostry, oo					
		0 Of F									
	•	Sequence Of Ever Event	nts								
	2	DITCH									
	07	Event OVERTURN/ROLLO									
		Event	VER								
	03										
	9	Event									
_	ı	Policy Holder									
UNIT		Insurance Company			Individual						
–		AUTO-OWNERS-INS	-co		THOMAS	S MEISTER					
		Trailer/Towed									
0		Trailer Plate # FR17497	Plate Type TRL - TRA	Make MHEB				ntry of Issuance TED STATES			
_	2	Unit Type		dividual				ress			
늘	LER.	FULL TRAILER THOMAS BENJAMIN (608) 963-6138				{		39 TOWN HALL RD NDON STATION, WI 53944 , US			
S	TOW	Vehicle Identification Nur	mber '	,00,000 0100	Embonoration, mosora, co						
		4A2LG2627J2028723	<u> </u>								
	l	Individual									
		Driver THOMAS BENJAMIN	I MEISTED		Citations Issued			Sex			
	4	(608) 963-6138	IMEISTER			0		MALE Race			
_	NDIVIDUAL	, , , , , , , , , , , , , , , , , , , ,				Date of Birth		WHITE			
	≥	Address				Driver License Number					
ر	2	S1539 TOWN HALL F LYNDON STATION, N	RD ML52044 I	ıe	STATE: WISCONSIN COLINTRY: LIMITED STATES						
	=	LINDON STATION,	WI 55944 , (13	STATE: WISCONSIN COUNTRY: UNITED STATES						
			n Duty Crash		Cofety Frederica						
	Sat	fety Equipment	Safety Equipment								
		Seat Position				SHOULDER & LAP BELT					
		1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY									
	Helmet Use				Helmet Compliance						

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		Eye Protection			Tint Compliance								
10	001	Injury	Injury Se	Severity		Airbag							
	0	Injury POSSI				NON DEPLOYED		Trapped/Extricated					
	Ejection Path NOT EJECTED NOT EJECTED/NOT AP					ICARI F		NOT TRAPPED					
	Medical Transport					EMS Agency Identifier		EMS Run #					
		NOT TRANSPORT	ED										
		Hospital				Date of Death		Time of Death					
		Distracted By Source OTHER DISTRACTION (ANIMAL, FOOD, GROOMING)											
	Distracted By Action NOT DISTRACTED												
		Non Motorist	Striking	Unit #	Location								
		Prior Action		"									
		Action											
	M												
UNIT	ם												
INDIVIDUAL													
	Z												
		Action Other							To/From School				
		Action Other							10/F10III SCH00I				
			Suspect	ed Alcohol Us	se	Suspected Drug Use							
	L	Drug & Alcohol	NO			NO							
		Alcohol Test Given			Alcohol Test Type			Alcohol Test Results					
		TEST NOT GIVEN											
		Drug Test Given TEST NOT GIVEN			Drug Test Type		Drug Test Results						
01	001	Drug Type											
		Individual Condition											
		APPEARED NORM	IAL										