6TL0C22XVZ 19-01744

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override		•		Agency Crash Number 19-01744		0 0	Investigating Officer/Deputy SERGEANT E. VANDENHEUVEL			
Z	Crash Date 02/12/2019		Crash Time 07:20 AM		Date Arrived 02/12/2019		Time Arrived 07:33 AM	1			
22X	Date Notified 02/12/2019		Time Notified 07:23 AM		Total Units 02		Total Injured 00	d Total Killed 00			
ပ္ပဲ	On Emergency Hi		t and Run Lane Closu		ıre Work Zone		▼ Trailer or 1	Towed	Reporting Threshold		
eTL	Government Property		Active School Zone		School Bus Related NO		Tags				
	✓ Reportable		Crash Type DT4000 (STA	NDARD CRASH)		Amended		Secondary Crash		
	Description =										

Diagram OFF RAMP USH 12 EB TO STH 33 Additional Information NONE STH 33 WEST ROUND A BOUT NOT TO SCALE VEHICLES MOVED PRIOR TO ARRIVAL

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

UNIT 1 WAS DRIVING ON THE EXIT RAMP FROM USH 12 EASTBOUND TO STH 33. UNIT 2 WAS WESTBOUND ON STH 33 NEGOTIATING THE ROUND A BOUT AT THE USH 12 EXIT RAMP TO CONTINUE WB ON STH 33. UNIT 1 WAS UNABLE TO STOP AT THE END OF THE RAMP AND PROCEEDED INTO THE INTERSECTION WITH STH 33. UNIT 1 HAD A YIELD TO LEFT SIGN. UNIT 2 STRUCK UNIT 1 AS IT NEGOTIATED THE ROUND A BOUT AND STRUCK THE FRONT LEFT OF THE TRACTOR UNIT 1 NEAR THE FRONT DRIVER'S SIDE HEADLAMP. UNIT 2 HAD DENTS/SCRATCHES ALONG THE ENTIRE PASSENGER SIDE AND THE TIRES DID NOT TURN AT THE SAME RATE POST CRASH NECESSITATING THE UNIT BE TOWED. NO INJURIES REPORTED. BOTH UNITS MOVED WEST ON STH 33 POST CRASH FOR SAFETY REASONS.

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

Crash Date 02/12/2019

Crash Time 07:20 AM

	_OC	ation								
•	_	RAMP USH12 EB				Latitude			Longitude	
		FT N				43.514716504			-89.785305958	
		STH33 WB THE TOWN OF DELTO	NI.			X Coordinate Y Coordinate				
		SAUK COUNTY	IN			274873.78125 4821			4821745	
		mon occur.				Structure 7	Туре		•	
						NO STR	UCTURE			
(Cra	sh Scene								
Ī	First	: Harmful Event				First Harm	ıful Event L	ocation		
	MO	TOR VEH IN TRANSPO	ORT			ON ROA	DWAY			
ŀ	Man	ner of Collision				Light Cond	dition			
	08	FRONT TO SIDE				DAYLIGI	HT			
ŀ	Roa	d Surface Condition(s)				Roadway	Factor(s)			
	SNO	ow								
	Envi	ronment Factor(s)								
	WE	ATHER CONDITIONS				ROAD S	URFACE	CONDITION	(WET, ICY, SNOW,	SLUSH,
ŀ	Wea	ther Condition(s)				,				
	SNO	ow								
	Anim	nal Type				Relation T	o Trafficwa	y		
	_	1.01					WAY - O			
		sh Classification - Location						Jurisdiction		
	_	BLIC PROPERTY al Land						ISDICTION	To	
	TIIDa	ai Lanu				Access Co			Special Stud	ay
ŀ	With	in Interchange Area	Junction Location		Intersection					
	YES	=	EXIT RAMP			N INTERSECTION				
į	Jni	t Summary			l					
į		t Summary Status		Vehicle Ope	erating As Cl	assification		Unit Type		
[Unit			Vehicle Ope	_	assification		Unit Type TRUCK		
-	Unit IN T	Status			_	lassification		TRUCK	s Endorsements	
01	Unit IN T Vehi	Status TRANSIT	ATTACHED)		_	assification		TRUCK	s Endorsements	
-	Unit IN T Vehi TRU	Status RANSIT icle Type	ATTACHED) Train/Bus # Recorded	A CLASS	_		Total Trai	TRUCK Operating A	s Endorsements Total HazMat Types	
-	Unit IN T Vehi TRU	Status FRANSIT icle Type JCK TRACTOR (SEMI		A CLASS				TRUCK Operating A		
-	Unit IN T Vehi TRU Tota 1	Status FRANSIT icle Type JCK TRACTOR (SEMI		A CLASS Total # Cita 0			Total Trai	TRUCK Operating A	Total HazMat Types	
01	Unit IN T Vehi TRU Tota 1	Status TRANSIT ICIE Type JCK TRACTOR (SEMI II Occs rance?	Train/Bus # Recorded	Total # Cita 0 Pre	crashTire		Total Trai	TRUCK Operating A	Total HazMat Types 0 Total Lanes 1	
01	Unit IN T Vehi TRU Tota 1 Insu YES	Status TRANSIT icle Type JCK TRACTOR (SEMI Il Occs rance? S t Harmful Event: Collision \	Train/Bus # Recorded Direction Of Travel SOUTHBOUND With	Total # Cita 0 Pre Special Fun	CrashTire Mark notion		Total Trai 1 Speed Lir	TRUCK Operating A ers nit Emergency	Total HazMat Types 0 Total Lanes 1 Motor Vehicle Use	
01	Unit IN T Vehi TRU Tota 1 Insui YES Mos	Status TRANSIT icle Type JCK TRACTOR (SEMI I Occs rance? S t Harmful Event: Collision \ TOR VEH IN TRANSPO	Train/Bus # Recorded Direction Of Travel SOUTHBOUND With	Total # Cita 0 Pre Special Fun NO SPEC	CrashTire Mark Inction		Total Trai 1 Speed Lir	TRUCK Operating A ers iit Emergency NOT APPI	Total HazMat Types 0 Total Lanes 1 Motor Vehicle Use LICABLE	
0.1	Unit IN T Vehi TRU Tota 1 Insu YES Mosi MO	Status FRANSIT icle Type JCK TRACTOR (SEMI Il Occs rance? St Harmful Event: Collision V TOR VEH IN TRANSPO	Train/Bus # Recorded Direction Of Travel SOUTHBOUND With	Total # Cita O Pre Special Fun NO SPEC Traffic Cont	CrashTire Mark notion		Total Trai 1 Speed Lir	TRUCK Operating A ers iit Emergency NOT APPI Traffic Control	Total HazMat Types 0 Total Lanes 1 Motor Vehicle Use	
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10	Unit IN T Vehi TRU Tota 1 Insur YES MOS Traff ENT Surfa COI TRU	Status TRANSIT icle Type JCK TRACTOR (SEMI I Occs rance? S It Harmful Event: Collision National Collisio	Train/Bus # Recorded Direction Of Travel SOUTHBOUND With ORT	Total # Cita 0 Pre Special Fun NO SPEC Traffic Cont YIELD SIC Road Curva CURVE R	CrashTire Mark action CIAL FUNC trol GN ature		Total Trai 1 Speed Lir 65	TRUCK Operating A ers nit Emergency NOT APPI Traffic Conti NO Road Grade	Total HazMat Types 0 Total Lanes 1 Motor Vehicle Use LICABLE ol Inoperative/Missing	
10	Unit IN T Vehi TRU Tota 1 Insur YES MOS Traff ENT Surfa COI TRU	Status TRANSIT Icle Type JCK TRACTOR (SEMI I Occs Tance? St Harmful Event: Collision V TOR VEH IN TRANSPO ICLE TOR TRANCE/EXIT RAMP ICLE ICLE ICLE ICLE ICLE ICLE ICLE ICLE T9939X	Train/Bus # Recorded Direction Of Travel SOUTHBOUND With ORT BINATION > 10,000LBS G	Total # Cita 0 Pre Special Fun NO SPEC Traffic Cont YIELD SIG Road Curva CURVE R	CrashTire Mark action CIAL FUNC trol GN ature	TION	Total Trai 1 Speed Lir 65	TRUCK Operating A Ders Ders	Total HazMat Types 0 Total Lanes 1 Motor Vehicle Use LICABLE ol Inoperative/Missing	
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	Unit IN T Vehi TRU Tota 1 Insu YES MOS MO Traff ENT Surfa COI TRU	Status TRANSIT ICIDE Type JCK TRACTOR (SEMI I OCCS TRANCE? S I Harmful Event: Collision Note TOR VEH IN TRANSPORT ICIDE ICID ICID	Train/Bus # Recorded Direction Of Travel SOUTHBOUND With ORT BINATION > 10,000LBS G	Total # Cita 0 Pre Special Fun NO SPEC Traffic Cont YIELD SIC Road Curva CURVE R SVWR/GCWR Plate Type APO - AF Make FREIGHT Body Style	CrashTire Mark Inction CIAL FUNC Itrol GN Bature PPORTION FLINER CC	TION	Total Trai Speed Lir 65 St WI Year 2019	TRUCK Operating A Description Emergency NOT APPI Traffic Contino Road Grade UPHILL Country of Is UNITED ST Model CASCADIA Bus Use	Total HazMat Types 0 Total Lanes 1 Motor Vehicle Use LICABLE ol Inoperative/Missing	
10 ONI 01	Unit IN T Vehi TRU Tota 1 InsuryES MOS Traff ENT COI TRUC	Status TRANSIT icle Type JCK TRACTOR (SEMI I Occs rance? St Harmful Event: Collision V TOR VEH IN TRANSPORT fic Way TRANCE/EXIT RAMP ace Type NCRETE tk Bus or HazMat JCK OR TRUCK COME Vehicle License Plate Number 79939X Vehicle Identification Nur 1FUJHHFG2KLKJ95	Train/Bus # Recorded Direction Of Travel SOUTHBOUND With ORT BINATION > 10,000LBS G	Total # Cita 0 Pre Special Fun NO SPEC Traffic Cont YIELD SIG Road Curva CURVE R SVWR/GCWR Plate Type APO - AF Make FREIGHT Body Style DS - TRA	CrashTire Mark Inction CIAL FUNC Itrol GN Bature PPORTION FLINER CC	TION	Total Trai Speed Lir 65 St WI Year 2019	TRUCK Operating A Description Emergency NOT APPI Traffic Contino Road Grade UPHILL Country of Is UNITED ST Model CASCADIA Bus Use	Total HazMat Types 0 Total Lanes 1 Motor Vehicle Use LICABLE ol Inoperative/Missing	
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		Towed Due To Damage NOT TOWED			Vehicle Removed By OPERATOR					
		What Driver Was Doing			Vehicle Factors					
		SLOW/STOPPING Driver Prior Action Other			NOT APPLICABLE					
		Driver Phot Action Other			NOT AFFLICABLE					
LIND	VEHICLE	Driver Actions SPEED TOO FAST/CONI	D, FAILED	TO YIELD RIGHT	-OF-WAY					
01	70	Owner Name ALEXANDER TRANSPO	RT INC			ddress CLAIREMONT ST FON, WI 54913 857,	us			
	;	Sequence Of Events								
	5	Event MOTOR VEH IN TRANSF	PORT							
	05	Event								
	03	Event								
	9	Event								
_	ı	Policy Holder								
UNIT		Insurance Company FEDERATED-MUTUAL-II	NS-CO		Organization/Company ALEXANDER TRANSPORT INC					
_					, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		. •			
		Trailer/Towed			712270 1112					
01	•	Trailer Plate # Plat 736810 ST	e Type L - SEMI	Make LANL	712270 111	State WI	Count	y of Issuance ED STATES		
10		Trailer Plate # Plat 736810 ST Unit Type SEMI TRAILER	e Type L - SEMI Orga			State WI	Counti UNIT Addres 5500	ED STATES ss W CLAIREMONT ST		
10	TRAILER/ TOWED	Trailer Plate # Plat 736810 ST	e Type L - SEMI Orga	LANL anization/Company		State WI	Counti UNIT Addres 5500	ED STATES		
10	TRAILER/ TOWED	Trailer Plate # Plat 736810 ST Unit Type SEMI TRAILER Vehicle Identification Number 1LH825VH2J1E25290 Individual	e Type L - SEMI Orga	LANL anization/Company	PORT INC	State WI	Counti UNIT Addres 5500	ED STATES SS W CLAIREMONT ST .ETON, WI 54913 857, US		
10	TRAILER/ TOWED	Trailer Plate # 736810 ST Unit Type SEMI TRAILER Vehicle Identification Number 1LH825VH2J1E25290	e Type L - SEMI Orga ALE	LANL anization/Company EXANDER TRANS	PORT INC	State WI	Counti UNIT Addres 5500	ED STATES SS W CLAIREMONT ST LETON, WI 54913 857, US Sex		
UNIT 01	AL TOWED	Trailer Plate # 736810 ST Unit Type SEMI TRAILER Vehicle Identification Number 1LH825VH2J1E25290 Individual Driver	e Type L - SEMI Orga ALE	LANL anization/Company EXANDER TRANS	PORT INC	State WI	Counti UNIT Addres 5500	ED STATES SS W CLAIREMONT ST .ETON, WI 54913 857, US		
10	TRAILER/ TOWED	Trailer Plate # Plat 736810 ST Unit Type SEMI TRAILER Vehicle Identification Number 1LH825VH2J1E25290 Individual Driver DOUGLAS CHRISTOPHE	e Type L - SEMI Orga ALE	LANL anization/Company EXANDER TRANS	Citations Is: O Date of Birth	State WI	Countr UNIT Addres 5500 APPL	SED STATES SES W CLAIREMONT ST LETON, WI 54913 857, US Sex MALE Race WHITE		
UNIT 01	INDIVIDUAL TRAILER/	Trailer Plate # 736810 ST Unit Type SEMI TRAILER Vehicle Identification Number 1LH825VH2J1E25290 Individual Driver DOUGLAS CHRISTOPHE (920) 470-1272 Address N1360 TUCKAWAY CT GREENVILLE, WI 54942	e Type L - SEMI Orga ALE	LANL anization/Company EXANDER TRANS	Citations Is: O Date of Birth	State WI sued th nse Number VISCONSIN COUNTE	Countr UNIT Addres 5500 APPL	SED STATES SES W CLAIREMONT ST LETON, WI 54913 857, US Sex MALE Race WHITE		
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	Medical Transport NOT TRANSPORTED			EMS Agency Identifier			EMS Run #				
		Hospital			Date o	f Death			Time of Death		
		Tioophai			Date	i Death			Time or Bea		
	,	Distracted By NOT	acted By Source	E (NOT DISTRA	ACTED)						
		Distracted By Action NOT DISTRACTED									
	•	Non Motorist Strik	ing Unit #	Location							
		Prior Action									
TINO	INDIVIDUAL	Action									
		Action Other									To/From School
	L	Susp Drug & Alcohol NO	pected Alcohol U	lse	Suspec	cted Drug Use					
		Alcohol Test Given		Alcohol Test Type					Alcohol Test	Results	
		TEST NOT GIVEN Drug Test Given		Drug Test Type		Drug Test Results		est Results			
		TEŠT NOT GIVEN				-					
01	001	Drug Type Individual Condition									
		APPEARED NORMAL									
	Ċ	Carrier									
		✓ Use Vehic	le Owner San	ne as Carrier		Source VEHICLE-SID	E				
01	10	ALEXANDER TRA USDOT# 566166	NSPORT I	NC		Address 5500 W CLAIR APPLETON, V			s		
	BUS	GVWR MORE THAN 26,000 LE		onfiguration TRACTOR/SEM	ILTD AII I	EP		_	Body Type		
		US DOT #	Carrier Ty		II- I IVAILI	LIX			WBOY mitted Load		
_	CK	566166		TATE CARRIER	R			NOT	T APPLICABLE		
	TRUCK	OS/OW Load	ermit Number	□ P	mitted Ve ermitted	ehicle On Route	Esc	By Po	icle Required Escort Vel		scort Vehicle Present
		Measured Height	Measu	red Length		Measured Width			Measured W	eight	
	Unit	Summary									
	Unit	Status				perating As Classit	fication		Unit Type		
		CRANSIT			D CLASS	5			AUTOMOE Operating As		ents
02		ORT) UTILITY VEHICLE	:						Operating A	o Elidolociii	onio
	Total	Occs	Train/Bus # Re			ations Issued		Total Traile	ers	Total HazM	lat Types
	1	1						0		0	

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			Direction Of Travel	- The Grasiffile		Speed Limit		Total Lanes			
Ц	YES WESTBOUND					45		1			
UNIT		Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT			Special Function NO SPECIAL FUNCTION			NOT APPLICABLE			
		fic Way			Control		Traffic Control Inoperative/Missing				
		E-WAY TRAFFIC			SIGN		NO				
		ace Type			Curvature		Road Grade	ı			
		NCRETE ck Bus or HazMat		CURV	/E RIGHT		LEVEL				
	NO										
		Vehicle									
		License Plate Number			Туре	St	Country of Issuance				
		649PWE			- AUTOMOBILE	WI	UNITED ST	TATES			
02	05	Vehicle Identification Numb		Make		Year	Model				
0	0	3C4PDCABXJT295018	3	DOD		2018	JOURNEY				
		Color WHI - WHITE		Body	Style SPORT UTILITY VEHICL	_	Bus Use NOT A BUS	6			
	ш	Initial Contact Point			le Damage						
-	긌	1RIGHT FRONT COR	NER	Vollio	io Damago						
UNIT	Ĭ	Extent Of Damage	··· ·					T, 3RIGHT SIDE MIDDLE, 4			
_	VEHICL	FUNCTIONAL DAMAG	Ε	RIGE	IT SIDE REAR, 5RIGH	I REAR C	ORNER				
		Towed Due To Damage		Vehic	le Removed By						
		TOWED BUT NOT DUI	E TO DISABLING DAMAG	BILL	S TOWING						
		What Driver Was Doing		Vehic	le Factors						
		NEGOTIATING CURVE		NOT	APPLICABLE						
		Driver Prior Action Other		NOI	APPLICABLE						
		Driver Actions									
	щ	NO CONTRIBUTING A	CTION								
╘	占										
UNIT	VEHICL										
	7			LOurse Address							
		Owner Name PATRICIA A WARN			Owner Address E8696 EVERGREEN LANE						
02	02	(608) 393-1352		BARABOO, WI 53913 , US							
		Sequence Of Even	ts								
	5	Event MOTOR VEH IN TRAN	SPORT								
		Event									
	05										
	03	Event									
	94	Event									
		Policy Holder									
UNIT		Insurance Company		Ind	lividual						
5		ALLSTATE-INS-CO			ATRICIA WARN						
		Individual									
		Driver			ations Issued		Sex				
	7	PATRICIA A WARN (608) 393-1352		0	(B) (I		FEMALE				
	IDUAI			Dat	te of Birth		Race WHITE				
╘	\Box										

6TL0C22XVZ 19-01744

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 02/12/2019

Crash Time 07:20 AM

3	≥	Address		Driver License Number						
n	INDIV	E8696 EVERGREEN L BARABOO, WI 53913			STATE: WISCONSIN COUNTRY: UNITED STATES					
	Sat	fety Equipment	Duty Crash		Safety Equipment					
		Seat Position			SHOULDER & LAP I	BELT				
		1FRONT SEAT-LEFT	SIDE (DRIVE	R/MOTORCY						
		Helmet Use			Helmet Compliance					
		Eye Protection			Tint Compliance					
02	002	Injury NO.	ry Severity APPARENT II	N II IRY	Airbag NON DEPLOYED					
		Ejected	Ejection Pa		NON DEI EOTED		Trapped/Extricated			
		NOT EJECTED	NOT EJE	CTED/NOT APPL	ICABLE		NOT TRAPPED			
		Medical Transport			EMS Agency Identifier		EMS Run #			
		NOT TRANSPORTED								
		Hospital			Date of Death		Time of Death			
		Distracted By NO	racted By Source T APPLICABL	E (NOT DISTRAC	CTED)					
		Distracted By Action NOT DISTRACTED								
		Non Motorist Strik	king Unit #	Location						
		Prior Action								
		Action								
_	INDIVIDUAL									
UNIT	₫									
5	≥									
	Ĭ									
		Action Other						To/From School		
		Action Other						10/110m Concor		
	ı	Drug & Alcohol NO	pected Alcohol U	se	Suspected Drug Use NO					
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type			Alcohol Test Results			
		Drug Test Given Drug Test Type TEST NOT GIVEN		Drug Test Type		Drug Test Results				
٥.	7	Drug Type								
02	005	3 71 -								
		Individual Condition								
		APPEARED NORMAL								
		I Z. II. Z. NORINAL								