19-02381

WISCONSIN MOTOR VEHICLE CRASH REPORT

	Document Number Override	Primary Crash Document #		Agency Crash Number Investigating 19-02381 DEPUTY I.			Officer/Deputy GALVAN		
02	Crash Date 02/26/2019	Crash Time 04:57 PM		Date Arrived 02/26/2019		Time Arrived 05:09 PM			
QZ	Date Notified 02/26/2019	Time Notified 04:59 PM		Total Units		Total Kille 00	d		
X			02		00		Reporting		
õ	On Emergency	and Run	Closure	Work Zone	✓ Trailer	or Towed	Threshold		
6TL09XQZ02	Government Property	Active School Zone	School NO	Bus Related	Tags				
	Reportable	Crash Type DT4000 (STANDARD C	RASH)		Amend	ed	Secondary Crash		
I	Description								
	Diagram					Reconstruction	ву		
						Photos By			
						Additional Information			
	NON REPO	RTABLE							
	↓ I, a sworn law enforcement	nt officer, agree that I ha	ave not added	l any CJIS data in t	his report.				
	UNIT 1 WAS ON THE LEFT LANE AWAITING TO CONTINUE WEST	TO TURN ON TO SOUTH C	N WEST PINE	STREET FROM LINN	ST/STH 33. UNIT 2				
	CAUSED. NO INJURIES REPORTED. NO VEHICLES TOWED.								

19-02381

WISCONSIN MOTOR VEHICLE **CRASH REPORT**

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

1	Loc	ation									
f	ON	LINN ST/ STH33 WB				Latitude			Longitude		
						43.474775259			-89.768	3577425	
		USH12 WB THE VILLAGE OF WES	T BARABOO			X Coordin			Y Coord		
		SAUK COUNTY				276078.28125 4817264					
						Structure	Туре				
(Cra	sh Scene									
Ī	First	Harmful Event				First Harm	nful Event L	ocation			
	MO	TOR VEH IN TRANSPO	ORT			ON ROADWAY					
Ī		ner of Collision			Light Condition						
_		REAR TO SIDE				DAYLIGHT					
	Road SNC	d Surface Condition(s) DW				Roadway	Factor(s)				
ŀ	Envi	ronment Factor(s)									
	WE	ATHER CONDITIONS				ROAD S ETC)	URFACE	CONDITION	I (WET, IC	CY, SNOW, SLUSH,	
Ī	Wea	ther Condition(s)									
	SNO	WC									
ľ	Anim	nal Type					o Trafficwa	•			
-	Crash Classification - Location PUBLIC PROPERTY							Jurisdiction			
						NO SPE	CIAL JUR	SDICTION			
	Triba	al Land			Access Control NO CONTROL			Special Study			
ľ	With	in Interchange Area	Junction Location		Intersection Type						
	NO		INTERSECTION-RELATE	ED	FOUR-W	AY INTER	RSECTIO	N			
l	Uni	t Summary									
		Unit Status Vehicle Operating As C									
	IN TRANSIT				0	lassification					
				Vehicle Ope	0	lassification		TRUCK	- F adaaa		
	Vehi	icle Type			0	lassification			s Endorsei	ments	
-	Vehi TRU	icle Type JCK TRACTOR (SEMI /	ATTACHED)	A CLASS				TRUCK Operating A			
-	Vehi TRU	icle Type					Total Trai	TRUCK Operating A		ments Mat Types	
-	Vehi TRL Tota 1 Insu	icle Type JCK TRACTOR (SEMI) I Occs rance?	Train/Bus # Recorded Direction Of Travel	A CLASS			Total Trai 1 Speed Lir	TRUCK Operating A lers	Total Haz	Mat Types	
-	Vehi TRL Tota 1 Insu YES	icle Type JCK TRACTOR (SEMI) I Occs rance? S	Train/Bus # Recorded Direction Of Travel WESTBOUND	A CLASS	tions Issued CrashTire Mark		Total Trai	TRUCK Operating A lers nit	Total Haz 0 Total Lan 5	Mat Types es	
-	Vehi TRU Tota 1 Insu YES	icle Type JCK TRACTOR (SEMI) I Occs rance? S t Harmful Event: Collision V	Train/Bus # Recorded Direction Of Travel WESTBOUND Vith	A CLASS	tions Issued CrashTire Mark		Total Trai 1 Speed Lir	TRUCK Operating A lers nit Emergency	Total Haz 0 Total Lan 5 Motor Veh	Mat Types es icle Use	
-	Vehi TRU Tota 1 Insu YES Mos	icle Type JCK TRACTOR (SEMI / I Occs rance? S t Harmful Event: Collision V TOR VEH IN TRANSPO	Train/Bus # Recorded Direction Of Travel WESTBOUND Vith	A CLASS	tions Issued CrashTire Mark Iction IAL FUNC		Total Trai 1 Speed Lir	TRUCK Operating A lers nit Emergency NOT APP	Total Haz 0 Total Lan 5 Motor Veh LICABLE	Mat Types es icle Use	
-	Vehi TRL Tota 1 Insu YES Mos Traff	icle Type JCK TRACTOR (SEMI / I Occs rance? S t Harmful Event: Collision V TOR VEH IN TRANSPC fic Way	Train/Bus # Recorded Direction Of Travel WESTBOUND Vith DRT	A CLASS	tions Issued CrashTire Mark Iction IAL FUNC		Total Trai 1 Speed Lir	TRUCK Operating A lers nit Emergency	Total Haz 0 Total Lan 5 Motor Veh LICABLE	Mat Types es icle Use	
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-	Vehi TRL Tota 1 Insu YES MO Traff DIVI Surfa	icle Type JCK TRACTOR (SEMI) I Occs rance? S t Harmful Event: Collision V TOR VEH IN TRANSPO fic Way IDED HWY W/O TRAFF ace Type ACKTOP (BITUMINOUS	Train/Bus # Recorded Direction Of Travel WESTBOUND Vith DRT FIC BARRIER	A CLASS	tions Issued CrashTire Mark Iction IAL FUNC rol SIGNAL iture		Total Trai 1 Speed Lir	TRUCK Operating A lers nit Emergency NOT APP Traffic Cont NO	Total Haz 0 Total Lan 5 Motor Veh LICABLE rol Inopera	Mat Types es icle Use	
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-	Vehi TRU Tota 1 Insu YES MO Traff DIVI Surfa BLA Truc NO	icle Type JCK TRACTOR (SEMI) I Occs rance? S t Harmful Event: Collision V TOR VEH IN TRANSPO fic Way IDED HWY W/O TRAFF ace Type ACKTOP (BITUMINOUS	Train/Bus # Recorded Direction Of Travel WESTBOUND Vith DRT FIC BARRIER	A CLASS	tions Issued CrashTire Mark Iction IAL FUNC rol SIGNAL iture		Total Trai 1 Speed Lir	TRUCK Operating A lers nit Emergency NOT APP Traffic Cont NO Road Grade	Total Haz 0 Total Lan 5 Motor Veh LICABLE rol Inopera	Mat Types es icle Use	
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WISCONSIN MOTOR VEHICLE CRASH REPORT

		Towed Due To Damage	amage Veh			/ehicle Removed By			
		NOT TOWED			OPERATOR				
		What Driver Was Doing		V	Vehicle Factors				
		LEFT TURN Driver Prior Action Other			NOT APPLICABLE				
					-				
		Driver Actions							
	щ	NO CONTRIBUTING AC	TION						
UNIT	ICI								
5	VEHICLE								
	>								
		Owner Name			Owner Ad	ldress			
_	1	AUTOZONE TEXAS LLC	;						
0	01	(309) 530-8704			MEMPH	IS, TN 38103 ,US			
		Sequence Of Events Event	;						
	01	MOTOR VEH IN TRANS	PORT						
	02	Event							
	3	Event							
	03								
	04	Event							
F	l	Policy Holder							
UNIT		Insurance Company			Individual				
		GREENWICH-INS-CO			GARRY WILSON				
					•				
	-	Trailer/Towed					1		
01	-	Trailer Plate # Pla	te Type	Make GDAN		State TN		ry of Issuance ED STATES	
		Trailer Plate # Pla U372082 TF Unit Type	L - TRAI	GDAN ganization/Company			UNIT Addres	ED STATES ss	
		Trailer Plate # Plate U372082 TF Unit Type SEMI TRAILER	CL - TRAI	GDAN ganization/Company JTOZONE TEXAS I			Addres	STATES SS FRONT ST	
		Trailer Plate # Plate U372082 TF Unit Type SEMI TRAILER Vehicle Identification Number	CL - TRAI	GDAN ganization/Company			Addres	ED STATES ss	
	TRAILER/ TOWED	Trailer Plate #PlaU372082TFUnit TypeSEMI TRAILERVehicle Identification Numbe1GRAA9628XS065309	CL - TRAI	GDAN ganization/Company JTOZONE TEXAS I			Addres	STATES SS FRONT ST	
	TRAILER/ TOWED	Trailer Plate # Plate U372082 TF Unit Type SEMI TRAILER Vehicle Identification Numbe 1GRAA9628XS065309	CL - TRAI	GDAN ganization/Company JTOZONE TEXAS I	-LC	TN	Addres	ED STATES SFRONT ST PHIS, TN 38103 , US	
	TTAILER/ TOWED	Trailer Plate # Pla U372082 TF Unit Type SEMI TRAILER Vehicle Identification Numbe 1GRAA9628XS065309 Individual Driver GARRY D WILSON	CL - TRAI	GDAN ganization/Company JTOZONE TEXAS I		TN	Addres	STATES SS FRONT ST	
	AL TRAILER/ TOWED	Trailer Plate # Pla U372082 TF Unit Type SEMI TRAILER Vehicle Identification Numbe 1GRAA9628XS065309 Individual Driver	CL - TRAI	GDAN ganization/Company JTOZONE TEXAS I	LC	TN	Addres	ED STATES SFRONT ST PHIS, TN 38103 , US Sex MALE Race	
UNIT	AL TRAILER/ TOWED	Trailer Plate # Pla U372082 TF Unit Type SEMI TRAILER Vehicle Identification Numbe 1GRAA9628XS065309 Individual Driver GARRY D WILSON (309) 530-8704	CL - TRAI	GDAN ganization/Company JTOZONE TEXAS I	LC Citations Iss 0 Date of Birth	TN sued	Addres	ED STATES SFRONT ST PHIS, TN 38103 , US Sex MALE	
	AL TRAILER/ TOWED	Trailer Plate # Pla U372082 TF Unit Type SEMI TRAILER Vehicle Identification Numbe 1GRAA9628XS065309 Individual Driver GARRY D WILSON (309) 530-8704	CL - TRAI	GDAN ganization/Company JTOZONE TEXAS I	LC Citations Iss 0	TN sued	Addres	ED STATES SFRONT ST PHIS, TN 38103 , US Sex MALE Race	
UNIT	TTAILER/ TOWED	Trailer Plate # Pla U372082 TF Unit Type SEMI TRAILER Vehicle Identification Numbe 1GRAA9628XS065309 Individual Driver GARRY D WILSON (309) 530-8704	RL - TRAI Org AL (30	GDAN ganization/Company JTOZONE TEXAS I	LC Citations Iss 0 Date of Birth Driver Licen	TN sued	UNITI Addre: 123 S MEM	ED STATES SF FRONT ST PHIS, TN 38103 , US Sex MALE Race WHITE	
UNIT	AL TRAILER/ TOWED	Trailer Plate # Pla U372082 TF Unit Type SEMI TRAILER Vehicle Identification Numbe 1GRAA9628XS065309 Individual Driver GARRY D WILSON (309) 530-8704 Address 27300 SHAKE RAG RD	RL - TRAI Org AL (30	GDAN ganization/Company JTOZONE TEXAS I	LC Citations Iss 0 Date of Birth Driver Licen	TN sued h use Number	UNITI Addre: 123 S MEM	ED STATES SF FRONT ST PHIS, TN 38103 , US Sex MALE Race WHITE	
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UNIT		Trailer Plate # Pla U372082 TF Unit Type SEMI TRAILER Vehicle Identification Numbe 1GRAA9628XS065309 Individual Driver GARRY D WILSON (309) 530-8704 Address 27300 SHAKE RAG RD DANVILLE, IL 61834 , U	S ty Crash	GDAN ganization/Company JTOZONE TEXAS I 09) 530-8704	LC Citations Iss 0 Date of Birth Driver Licen STATE: IL Safety Equip	TN sued h sued h see Number LLINOIS COUNTRY: pment ER & LAP BELT	UNITI Addre: 123 S MEM	ED STATES SF FRONT ST PHIS, TN 38103 , US Sex MALE Race WHITE	
UNIT		Trailer Plate # Pla U372082 TF Unit Type SEMI TRAILER Vehicle Identification Numbe 1GRAA9628XS065309 Individual Driver GARRY D WILSON (309) 530-8704 Address 27300 SHAKE RAG RD DANVILLE, IL 61834 , U Seat Position 1FRONT SEAT-LEFT S Helmet Use	S ty Crash	GDAN ganization/Company JTOZONE TEXAS I 09) 530-8704	LC Citations Iss 0 Date of Birth Driver Licen STATE: IL Safety Equip SHOULDE Helmet Corr	TN Sued In Ise Number LINOIS COUNTRY: pment ER & LAP BELT Inpliance	UNITI Addre: 123 S MEM	ED STATES SF FRONT ST PHIS, TN 38103 , US Sex MALE Race WHITE	
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WISCONSIN MOTOR VEHICLE CRASH REPORT

		Medical Transport NOT TRANSPORTED			EMS Agency Identifier			EMS Run #			
		Hospital			Date of Death			Time of Death			
		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)									
		Distracted By Action NOT DISTRACTED									
		Non Motorist	ing Unit #	Location							
		Prior Action									
UNIT	INDIVIDUAL	Action									
		Action Other								To/From School	
	Ĺ	Drug & Alcohol No	pected Alcohol U	se	Suspected Drug Use						
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type				Alcohol Test Results			
		Drug Test Given E		Drug Test Type Drug Te		Drug Tes	at Results				
0	001	Drug Type									
		Individual Condition									
		APPEARED NORMAL									
ļ	Unit	t Summary									
		Status		V	ehicle Operating As Classif	fication		Unit Type			
		RANSIT		D	D CLASS			AUTOMOBILE			
02		cle Type SENGER CAR						Operating As Endorsements			
•			Train/Bus # Re	corded T	otal # Citations Issued	ΙT	otal Trailer	s IT	otal HazN	Aat Types	
	2			0		0		0)		
г	Insur YES	rance?	Direction Of Tra		Pre CrashTire Speed Mark 25		peed Limit 5	imit Total Lanes 5		S	
UNIT		t Harmful Event: Collision Wi TOR VEH IN TRANSPO			Special Function NO SPECIAL FUNCTION			Emergency Motor Vehicle Use			
	Traff	ic Way DED HWY W/O TRAFFI			Traffic Control TRAFFIC SIGNAL			Traffic Control Inoperative/Missing			
		ace Type			oad Curvature			Road Grade			
	BLA	CKTOP (BITUMINOUS))	S	TRAIGHT			LEVEL			
	Trucl	k Bus or HazMat									
	-	Vehicle									
		Venicie License Plate Number		F	Plate Type	St	t [(Country of Issu	ance		
		AD2260			AUT - AUTOMOBILE	W		JNITED STA			
03	02	Vehicle Identification Numb 3GTP2VE74DG284309		N	Aake GENERAL MOTORS C		ear N	Model SIERRA K15			
۱ ۸/ia -	noi- 1	Actor Vahiela Ora-h		This report	t does not include any C IIS	, data	1	Cr.	ash Dato	02/26/2019	

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WISCONSIN MOTOR VEHICLE CRASH REPORT

		Color		Body Style	Bus Use						
		GRY - GRAY		PK - PICKUP	NOT A BUS						
	Щ	Initial Contact Point		Vehicle Damage							
UNIT	Ę	10LEFT SIDE FRONT Extent Of Damage		10LEFT SIDE FRONT							
	VEHICLE	MINOR DAMAGE									
	-	Towed Due To Damage		Vehicle Removed By							
		NOT TOWED		OWNER							
		What Driver Was Doing GOING STRAIGHT		Vehicle Factors							
				NOT APPLICABLE							
		Driver Prior Action Other NOT APPLICABLE									
		Driver Actions									
L	Щ	NO CONTRIBUTING ACTION									
UNIT	VEHICLE										
	É										
	-										
		Owner Name		Owner Address							
02	02	BRADLEY MATTHEW HU (608) 434-7564	JEBSCH	509 7TH AVE BARABOO, WI 53913	3 , US						
	U										
		Sequence Of Events									
	2	Event									
	0	MOTOR VEH IN TRANSP	ORI								
	02	Event									
	03	Event									
	64	Event									
⊢		Policy Holder									
UNIT		Insurance Company		Individual							
		PROGRESSIVE-UNIVER	SAL-INSURANCE-COMP	BRADLEY HUEBSCH							
	l	Individual Driver		Citations Issued	Sex						
		BRADLEY MATTHEW HU	JEBSCH	0	MALE						
	DUAL	(608) 434-7564		Date of Birth	Race						
F	ğ				WHITE						
.IN NI	INDIVI	Address 509 7TH AVE		Driver License Number							
	Z	BARABOO, WI 53913 , U	JS	STATE: WISCONSIN COUNTRY: UNITED STATES							
	Sat	fety Equipment	y Crash	Safety Equipment							
	ou	Seat Position		SHOULDER & LAP BE	a T						
		1FRONT SEAT-LEFT S	IDE (DRIVER/MOTORCY	SHOULDER & LAF BE							
		Helmet Use		Helmet Compliance							
				Tint Compliance							
		Eye Protection		Tint Compliance							
02	002	Injury S	Severity PPARENT INJURY	Tint Compliance Airbag NON DEPLOYED							
02	002	Injury S NO AF	PPARENT INJURY Ejection Path	Airbag NON DEPLOYED	Trapped/Extricated						
02	002	Injury S Injury NO AF Ejected NOT EJECTED	PPARENT INJURY	Airbag NON DEPLOYED	NOT TRAPPED						
02	002	Injury S NO AF	PPARENT INJURY Ejection Path	Airbag NON DEPLOYED							

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WISCONSIN MOTOR VEHICLE CRASH REPORT

		Hospital			Date of Death		Time of Death				
	_	Distantial Du Course									
		Distracted By Source									
		Distracted By Action									
		NOT DISTRACTED									
		Non Motorist	Striking Unit #	Location							
		Prior Action									
1		Action									
.	INDIVIDUAL										
	IDI										
2	D										
	Z										
		Action Other						To/From School			
			Suspected Alcohol U		Suspected Drug Use						
	L	Drug & Alcohol	NO	se	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					
62	002	Drug Type				L					
	0										
		Individual Condition									
		APPEARED NORM	PPEARED NORMAL								
		ndividual Passenger			Citations Issued Sex						
		HAILEY A HUEBSC	ж		Citations Issued Sex 0 FEMALE						
	INIDUAL	(608) 434-7564			Date of Birth		Race				
⊾l	D						WHITE				
		Address 509 7TH AVE			Driver License Number						
	Z	BARABOO, WI 539	13 , US								
	Sat	ety Equipment	On Duty Crash		Safety Equipment						
	Jai	Seat Position									
		3FRONT SEAT-RI	GHT SIDE (TRAII		SHOULDER & LAP I	BELI					
		Helmet Use			Helmet Compliance						
		Eye Protection			Tint Compliance						
03	003	1 *	Injury Severity		Airbag						
•	õ		NO APPARENT IN		NON DEPLOYED		Trannad/Extrinated				
		Ejected NOT EJECTED	Ejection Pat NOT EJEC	n CTED/NOT APPL	ICABLE		Trapped/Extricated NOT TRAPPED				
		Medical Transport			EMS Agency Identifier		EMS Run #				
		NOT TRANSPORTE	ED								
		Hospital			Date of Death		Time of Death				

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WISCONSIN MOTOR VEHICLE CRASH REPORT

	Distracted By	y Source				
	Distracted By					
	Distracted By Action					
	Non Motorist	# Location				
	Prior Action					
	Action					
UNIT						
5 2						
	Action Other					To/From School
	Suspected A	Icohol Use	Suspected Drug Use			<u> </u>
	Drug & Alcohol NO		NO			
	Alcohol Test Given	Alcohol Test Typ	e		Alcohol Test Results	
	TEST NOT GIVEN	Drug Test Type		Drug Toot Dooulto		
	Drug Test Given TEST NOT GIVEN	Diug rest type		Drug Test Results		
003	Drug Type					
o e						
	Individual Condition					
	APPEARED NORMAL					