

6TL09XQZ02

19-02381

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Location

ON LINN ST/ STH33 WB 50 FT E OF USH12 WB IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY	Latitude 43.474775259	Longitude -89.768577425
	X Coordinate 276078.28125	Y Coordinate 4817264
	Structure Type	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 07--REAR TO SIDE		Light Condition DAYLIGHT	
Road Surface Condition(s) SNOW		Roadway Factor(s) ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC)	
Environment Factor(s) WEATHER CONDITIONS			
Weather Condition(s) SNOW			
Animal Type		Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY		Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land		Access Control NO CONTROL	Special Study
Within Interchange Area NO	Junction Location INTERSECTION-RELATED	Intersection Type FOUR-WAY INTERSECTION	

Unit Summary

UNIT	Unit Status IN TRANSIT		Vehicle Operating As Classification A CLASS		Unit Type TRUCK	
	Vehicle Type TRUCK TRACTOR (SEMI ATTACHED)				Operating As Endorsements	
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 1	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 25	Total Lanes 5	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way DIVIDED HWY W/O TRAFFIC BARRIER		Traffic Control TRAFFIC SIGNAL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

UNIT	Vehicle					
	01	License Plate Number N4556HY		Plate Type APO - APPORTIONED	St TN	Country of Issuance UNITED STATES
		Vehicle Identification Number 1FUJGLDR9HLJG4288		Make FREIGHTLINER CORP	Year 2017	Model FRHT
		Color BLK - BLACK		Body Style TK - TRUCK		Bus Use NOT A BUS
	VEHICLE	Initial Contact Point 5--RIGHT REAR CORNER		Vehicle Damage		
		Extent Of Damage NO DAMAGE		NO DAMAGE		

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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR				
	What Driver Was Doing LEFT TURN		Vehicle Factors				
	Driver Prior Action Other		NOT APPLICABLE				
	Driver Actions NO CONTRIBUTING ACTION						
01	01	Owner Name AUTOZONE TEXAS LLC (309) 530-8704		Owner Address 123 S FRONT ST MEMPHIS, TN 38103 , US			
Sequence Of Events							
UNIT TRAILER/ TOWED	01	Event MOTOR VEH IN TRANSPORT					
	02	Event					
	03	Event					
	04	Event					
Policy Holder							
UNIT	Insurance Company GREENWICH-INS-CO			Individual GARRY WILSON			
	Trailer/Towed						
UNIT	01	Trailer Plate # U372082	Plate Type TRL - TRAI	Make GDAN	State TN	Country of Issuance UNITED STATES	
	01	Unit Type SEMI TRAILER	Organization/Company AUTOZONE TEXAS LLC (309) 530-8704			Address 123 S FRONT ST MEMPHIS, TN 38103 , US	
		Vehicle Identification Number 1GRAA9628XS065309					
Individual							
UNIT INDIVIDUAL	Driver GARRY D WILSON (309) 530-8704			Citations Issued 0	Sex MALE		
	Address 27300 SHAKE RAG RD DANVILLE, IL 61834 , US			Date of Birth WHITE			
				Driver License Number STATE: ILLINOIS COUNTRY: UNITED STATES			
Safety Equipment							
UNIT	On Duty Crash		Safety Equipment				
	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		SHOULDER & LAP BELT				
	Helmet Use		Helmet Compliance				
	Eye Protection		Tint Compliance				
01	001	Injury		Injury Severity NO APPARENT INJURY		Airbag NON DEPLOYED	
		Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED	

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UNIT	INDIVIDUAL	Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #	
		Hospital	Date of Death	Time of Death	
		Distracted By	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		
		Distracted By Action NOT DISTRACTED			
		Non Motorist	Striking Unit #	Location	
		Prior Action			
		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			
01	001	Drug Type			
Individual Condition APPEARED NORMAL					

Unit Summary

UNIT	02	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type AUTOMOBILE			
		Vehicle Type PASSENGER CAR	Operating As Endorsements				
		Total Occs 2	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
		Insurance? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 25	Total Lanes 5	
		Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION	Emergency Motor Vehicle Use NOT APPLICABLE		
		Traffic Way DIVIDED HWY W/O TRAFFIC BARRIER		Traffic Control TRAFFIC SIGNAL	Traffic Control Inoperative/Missing NO		
		Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT	Road Grade LEVEL		
		Truck Bus or HazMat NO					
		02	02	Vehicle			
				License Plate Number AD2260	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
Vehicle Identification Number 3GTP2VE74DG284309		Make GENERAL MOTORS COR	Year 2013	Model SIERRA K15			

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UNIT VEHICLE	Color GRY - GRAY	Body Style PK - PICKUP	Bus Use NOT A BUS
	Initial Contact Point 10--LEFT SIDE FRONT	Vehicle Damage	
	Extent Of Damage MINOR DAMAGE	10--LEFT SIDE FRONT	
	Towed Due To Damage NOT TOWED	Vehicle Removed By OWNER	
	What Driver Was Doing GOING STRAIGHT	Vehicle Factors	
Driver Prior Action Other	NOT APPLICABLE		
UNIT VEHICLE	Driver Actions NO CONTRIBUTING ACTION		
	Owner Name BRADLEY MATTHEW HUEBSCH (608) 434-7564	Owner Address 509 7TH AVE BARABOO, WI 53913 , US	
02	Sequence Of Events		
01	Event MOTOR VEH IN TRANSPORT		
02	Event		
03	Event		
04	Event		
UNIT	Policy Holder		
	Insurance Company PROGRESSIVE-UNIVERSAL-INSURANCE-COMP	Individual BRADLEY HUEBSCH	
UNIT INDIVIDUAL	Individual		
	Driver BRADLEY MATTHEW HUEBSCH (608) 434-7564	Citations Issued 0	Sex MALE
		Date of Birth	Race WHITE
	Address 509 7TH AVE BARABOO, WI 53913 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
02 002	Safety Equipment		On Duty Crash
	Safety Equipment		
	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY	SHOULDER & LAP BELT	
	Helmet Use	Helmet Compliance	
	Eye Protection	Tint Compliance	
Injury		Injury Severity NO APPARENT 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 #

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT INDIVIDUAL	Hospital		Date of Death		Time of Death	
	Distracted By		Distracted By Source			
	Distracted By Action NOT DISTRACTED					
	Non Motorist		Striking Unit #		Location	
	Prior Action					
	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	
02 002	Drug Type					
	Individual Condition APPEARED NORMAL					
	Individual					
	Passenger HAILEY A HUEBSCH (608) 434-7564			Citations Issued 0		Sex FEMALE
	Address 509 7TH AVE BARABOO, WI 53913 , US			Date of Birth Race WHITE		
	Driver License Number					
	Safety Equipment		On Duty Crash		Safety Equipment	
	Seat Position 3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER		SHOULDER & LAP BELT			
	Helmet Use		Helmet Compliance			
	Eye Protection		Tint Compliance			
02 003	Injury		Injury Severity NO APPARENT 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	

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UNIT	Distracted By		Distracted By Source		
	Distracted By Action				
	Non Motorist		Striking Unit #	Location	
	Prior Action				
	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				
02	003	Individual Condition			
		APPEARED NORMAL			