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19-03627

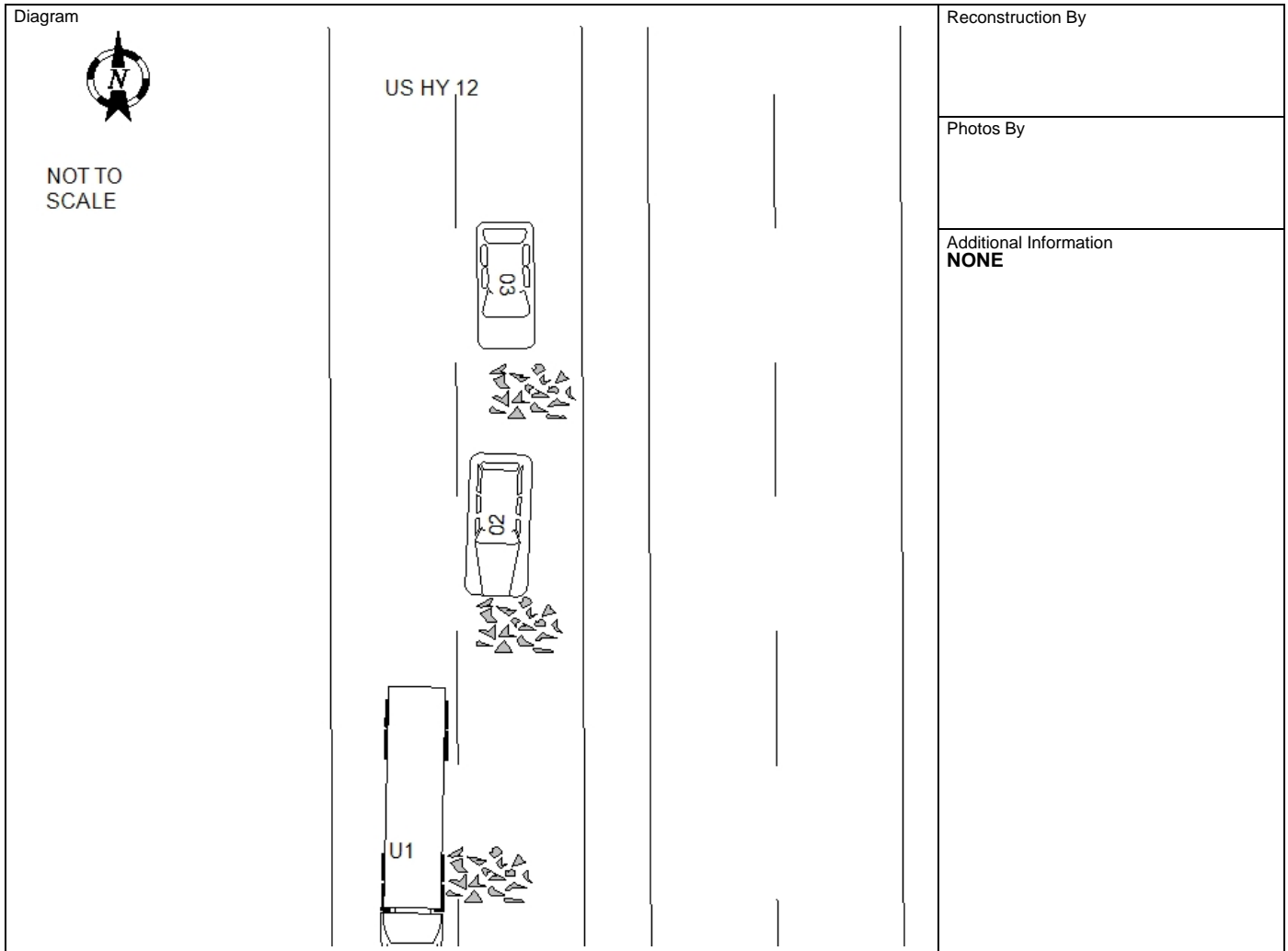
WISCONSIN MOTOR VEHICLE CRASH REPORT

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 19-03627	Investigating Officer/Deputy DEPUTY A. KULAS	
Crash Date 03/30/2019		Crash Time 08:15 PM	Date Arrived 03/30/2019	Time Arrived 08:21 PM	
Date Notified 03/30/2019		Time Notified 08:15 PM	Total Units 03	Total Injured 02	Total Killed 00
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input type="checkbox"/> Lane Closure	<input type="checkbox"/> Work Zone	<input checked="" type="checkbox"/> Trailer or Towed	<input checked="" 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



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

UNIT 1 WAS A SEMI PULLING A TRAILER AND WAS SOUTHBOUND ON HY 12. A TIRE BLEW OUT ON THE REAR DRIVER SIDE AXLE OF (TRACTOR) UNIT 1. UNITS 2 AND 3 BOTH RAN OVER THE TIRE IN THE ROADWAY FROM UNIT 1.

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Location

ON USH12 EB 0.32 MI N OF STH33 EB IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude 43.51922902	Longitude -89.786161194
	X Coordinate 274821.4375	Y Coordinate 4822248.5
	Structure Type	

Crash Scene

First Harmful Event CARGO/EQUIPMENT LOSS OR SHIFT	First Harmful Event Location ON ROADWAY	
Manner of Collision NO COLLISION W/VEHICLE IN TRANSPORT	Light Condition DARK/UNLIT	
Road Surface Condition(s) DRY	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) CLEAR		
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 NON-JUNCTION	Intersection Type NOT AN 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 SOUTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 65	Total Lanes 4
	Most Harmful Event: Collision With CARGO/EQUIPMENT LOSS OR SHIFT	Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way DIVIDED HWY W/O TRAFFIC BARRIER	Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)	Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat TRUCK OR TRUCK COMBINATION > 10,000LBS GVWR/GCWR				

UNIT	VEHICLE	Vehicle			
		License Plate Number RB62156	Plate Type APO - APPORTIONED	St MI	Country of Issuance UNITED STATES
		Vehicle Identification Number 3AKJHHR7KSJY7823	Make FREIGHTLINER CORP	Year 2019	Model CASCADIA
		Color BLK - BLACK	Body Style TC - TRACTOR		Bus Use NOT A BUS
		Initial Contact Point 8--LEFT SIDE REAR	Vehicle Damage 8--LEFT SIDE REAR		
	Extent Of Damage DISABLING DAMAGE				

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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR			
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors			
	Driver Prior Action Other		TIRES			
	Driver Actions NO CONTRIBUTING ACTION					
01	01	Owner Name MLT INC (989) 772-8879		Owner Address 1841 GOVER PKY MT PLEASANT, MI 48858 , US		
Sequence Of Events						
UNIT TRAILER/ TOWED	01	Event CARGO/EQUIPMENT LOSS OR SHIFT				
	02	Event				
	03	Event				
	04	Event				
Policy Holder						
UNIT 01	Insurance Company SECURA-INS-A-MUTUAL-CO			Organization/Company MLT INC		
	Trailer/Towed					
UNIT TRAILER/ TOWED	01	Trailer Plate # D823565	Plate Type STL - SEMI	Make WALK	State MI	Country of Issuance UNITED STATES
		Unit Type SEMI TRAILER	Organization/Company MLT INC (989) 772-8879		Address 1841 GOVER PKY MT PLEASANT, MI 48858 , US	
		Vehicle Identification Number 5WSAA4221CN042945				
Individual						
UNIT INDIVIDUAL	01	Driver DOUGLAS E KLAVER (517) 220-5996			Citations Issued 0	Sex MALE
		Address 1005 E MAIN ST DEWITT, MI 48820 , US			Date of Birth STATE: MICHIGAN COUNTRY: UNITED STATES	
	Driver License Number STATE: MICHIGAN COUNTRY: UNITED STATES					
Safety Equipment						
UNIT 001	001	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	

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UNIT	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		
Drug Type					
Individual Condition APPEARED NORMAL					
Carrier					
<input checked="" type="checkbox"/> Use Vehicle Owner Same as Carrier		Source DRIVER			
Name MLT INC USDOT# 401351		Address 1841 GOVER PKY MT PLEASANT, MI 48858 , US			
GVWR MORE THAN 26,000 LB		Vehicle Configuration SINGLE UNIT TRUCK (3 OR MORE AXLES)	Cargo Body Type UNKNOWN		
US DOT # 401351		Carrier Type INTERSTATE CARRIER	Permitted Load NOT APPLICABLE		
<input type="checkbox"/> OS/OW Load	WI Permit Number	<input type="checkbox"/> Permitted Vehicle On Permitted Route	<input type="checkbox"/> Escort Vehicle Required By Permit	<input type="checkbox"/> Escort Vehicle Present	
Measured Height	Measured Length	Measured Width	Measured Weight		

Unit Summary

02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER VAN				Operating As Endorsements	
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	

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UNIT	Insurance? YES	Direction Of Travel SOUTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 65	Total Lanes 4	
	Most Harmful Event: Collision With STRUCK BY FALLING, SHIFTING CARGO OR ANYT		Special Function TAXI	Emergency Motor Vehicle Use NOT APPLICABLE		
	Traffic Way DIVIDED HWY W/O TRAFFIC BARRIER		Traffic Control NO CONTROL	Traffic Control Inoperative/Missing NO		
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT	Road Grade LEVEL		
	Truck Bus or HazMat NO					
02 UNIT VEHICLE	Vehicle					
	License Plate Number 299YNW		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
	Vehicle Identification Number 1C4GP44351B214252		Make CHRYSLER	Year 2001	Model TOWN & AMP	
	Color SIL - SILVER (ALUMINUM)		Body Style VN - VAN	Bus Use NOT A BUS		
	Initial Contact Point 12--FRONT		Vehicle Damage 10--LEFT SIDE FRONT, 11--LEFT FRONT CORNER, 12--FRONT			
	Extent Of Damage FUNCTIONAL DAMAGE					
	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR			
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors NOT APPLICABLE			
	Driver Prior Action Other					
	Driver Actions NO CONTRIBUTING ACTION					
02 UNIT VEHICLE	Owner Name BAR BUDDIES BOO CORP (608) 370-4354		Owner Address 124 2ND ST BARABOO, WI 53913 , US			
	Sequence Of Events					
01 02 03 04 UNIT	Event STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY MOTOR VEHICLE					
	Event					
	Event					
	Event					
04 UNIT	Policy Holder					
	Insurance Company INDEMNITY-INS-CO-OF-NORTH-AMERICA			Organization/Company BAR BUDDIES BOO CORP		
04 INDIVIDUAL	Individual					
	Driver DELORES ANN MEADOR (608) 477-7423		Citations Issued 0		Sex FEMALE	
		Date of Birth		Race WHITE		

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UN	INDIV	Address 545 QUARRY ST BARABOO, WI 53913 , US		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					
		Eye Protection		Tint Compliance					
		02	002	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	
				Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)			
				Distracted By Action NOT DISTRACTED					
				Non Motorist		Striking Unit #		Location	
				Prior Action					
				Action					
				Action Other					
02	002	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							

Unit Summary

03	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	

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UNIT	Insurance? NO	Direction Of Travel SOUTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 65	Total Lanes 4	
	Most Harmful Event: Collision With STRUCK BY FALLING, SHIFTING CARGO OR ANYT		Special Function NO SPECIAL FUNCTION	Emergency Motor Vehicle Use NOT APPLICABLE		
	Traffic Way DIVIDED HWY W/O TRAFFIC BARRIER		Traffic Control NO CONTROL	Traffic Control Inoperative/Missing NO		
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT	Road Grade LEVEL		
	Truck Bus or HazMat NO					
03 UNIT	Vehicle					
	License Plate Number J486NM		Plate Type AUT - AUTOMOBILE	St FL	Country of Issuance UNITED STATES	
	Vehicle Identification Number 1G3NF52E1XC372871		Make OLDSMOBILE	Year 1999	Model ALERO	
	Color SIL - SILVER (ALUMINUM)		Body Style 4D - 4DR		Bus Use NOT A BUS	
	Initial Contact Point 12--FRONT		Vehicle Damage 12--FRONT, TOP, UNDERCARRIAGE			
	Extent Of Damage DISABLING DAMAGE					
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By BILLS TOWING			
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors NOT APPLICABLE			
	Driver Prior Action Other					
	Driver Actions NO CONTRIBUTING ACTION					
03 UNIT	Owner Name TYLER PATRICK SCHAUB (608) 448-9006		Owner Address 1200 SILVER DR APT3 BARABOO, WI 53913 , US			
	Sequence Of Events					
01 02 03 04	Event STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY MOTOR VEHICLE					
	Event					
	Event					
	Event					
UNIT	Individual					
	Driver TYLER PATRICK SCHAUB (608) 448-9006		Citations Issued 0		Sex MALE	
	Address 1200 SILVER DR APT3 BARABOO, WI 53913 , US		Date of Birth		Race WHITE	
		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES				
Safety Equipment		On Duty Crash				

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03	003	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 POSSIBLE INJURY
		Airbag DEPLOYED-FRONT	
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE
		Trapped/Extricated NOT TRAPPED	
		Medical Transport EMS GROUND	EMS Agency Identifier 6000123
		Hospital ST CLARE HOSP	EMS Run #
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			
Drug Type			
Individual Condition EMOTIONAL (DEPRESSED, ANGRY, DISTURBED, ETC)			
Individual			
Passenger WADE ANTHONY BRITZKE (608) 393-1378	Citations Issued 0		
Sex MALE			
Date of Birth	Race WHITE		
Address 1029 7TH ST BARABOO, WI 53913 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
Safety Equipment			
On Duty Crash			

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03	004	Seat Position 3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER		Safety Equipment SHOULDER & LAP BELT			
		Helmet Use		Helmet Compliance			
		Eye Protection		Tint Compliance			
		Injury Injury Severity POSSIBLE INJURY		Airbag DEPLOYED-FRONT			
		Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED	
		Medical Transport EMS GROUND		EMS Agency Identifier 6000123		EMS Run #	
		Hospital ST CLARE HOSP		Date of Death		Time of Death	
		Distracted By		Distracted By Source			
		Distracted By Action					
		Non Motorist		Striking Unit #		Location	
		Prior Action					
		UNIT INDIVIDUAL Action					
		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							