

6TL09N3P6Z
19-03795

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 19-03795	Investigating Officer/Deputy DEPUTY C. FRANK	
Crash Date 04/04/2019		Crash Time 06:26 AM	Date Arrived 04/04/2019	Time Arrived 06:51 AM	
Date Notified 04/04/2019		Time Notified 06:30 AM	Total Units 02	Total Injured 00	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 type="checkbox"/> Trailer or Towed	<input 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

<p>Diagram</p>	Reconstruction By
	Photos By 9198
	Additional Information PHOTOS

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

ON THE ABOVE DATE AND TIME UNITS 1 AND 2 WERE WESTBOUND ON USH 12 AT LUEDERS RD IN THE COUNTY OF SAUK. UNIT 1 WAS IN THE LEFT LANE AND UNIT 2 WAS IN THE RIGHT LANE. BOTH UNIT 1 AND UNIT PROCEEDED THROUGH THE USH 12 AND LUEDERS RD INTERSECTION WITH A SOLID GREEN LIGHT. UNIT 1 IOPERATOR STATED HE SAW UNIT 2 IN HIS MIRRORS IN THE RIGHT LANE. UNIT 1 OPERATOR STATED NIT ATTEMPTTED TO MERGE LEFT AS THE RIGHT LANE ENDED INTO A 2 LANE HIGHWAY. UNIT 2 STRUCK UNIT 1 ON THE PASSENGER SIDE OF THE GRAIN TRUCK CAUSING DAMAGE TO THE PASSENGER SIDE MIRROR AND THE REAR PASSENGER SIDE OF THE GRAIN HAULER. UNIT 2 OPERATOR STATED HE WAS IN THE RIGHT LANE AND PROCEEDED IN FRONT OF UNIT 1 THROUGH THE USH 12 AND LUEDERS RD INTERECTION. UNIT 2 OPERATOR STATED HE OBSERVED THE RIGHT LANE ENDED AND ATTEMPTED TO MERGE LEFT. UNIT 2 OPERATOR STATED UNIT 1 OPERATOR ACCELERATED CAUSING UNIT 1 AND UNIT 2 TO SIDESWIPE. UNIT 2 OPERATOR STATED HE HAD A VEHICLE IN FRONT AND BEHIND HIM AT THE TIME OF THE ATTEMPTED LEFT MERGE.

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Location

Table with location details: ON USH12 WB 273 FT W OF LUEDERS RD IN THE TOWN OF PRAIRIE DU SAC IN SAUK COUNTY. Includes Latitude (43.271002414), Longitude (-89.740366314), X Coordinate (277616.15625), Y Coordinate (4794556.5), and Structure Type (NO STRUCTURE).

Crash Scene

Table with crash scene details: First Harmful Event (MOTOR VEH IN TRANSPORT), Manner of Collision (05--SIDESWIPE/SAME DIRECTION), Road Surface Condition (DRY), Environment Factor (NONE), Weather Condition (CLOUDY), Animal Type, Crash Classification (PUBLIC PROPERTY), and Intersection Type (NOT AN INTERSECTION).

Unit Summary

Table with unit summary details: Unit Status (IN TRANSIT), Vehicle Operating As Classification (B CLASS), Unit Type (TRUCK), Vehicle Type (AGCMV), Total Occs (1), Direction Of Travel (WESTBOUND), Most Harmful Event (MOTOR VEH IN TRANSPORT), and Traffic Way (TWO-WAY, NOT DIVIDED).

Table with vehicle details: License Plate Number (65905X), Vehicle Identification Number (1NPCX4TXXJD461248), Color (WHI - WHITE), Initial Contact Point (5--RIGHT REAR CORNER), and Extent Of Damage (FUNCTIONAL DAMAGE).

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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions FAILED TO YIELD RIGHT-OF-WAY, IMPROPER OVERTAKING / PASSING LEFT			
01	Owner Name PREMEIR COOPERATIVE (608) 575-8146		Owner Address PO BOX 230 MOUNT HOREB, WI 53572 , US	
	Sequence Of Events			
01	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company BERKLEY-INS-CO		Organization/Company PREMEIR COOPERATIVE	
UNIT INDIVIDUAL	Individual			
	Driver HOWARD PAUL NEUMAIER (608) 219-5333		Citations Issued 0	Sex MALE
	Address 513 KARI KREST APT 5 BARNEVELD, WI 53507 , US		Date of Birth	Race WHITE
	Driver License Number		STATE: WISCONSIN COUNTRY: UNITED STATES	
01	001	Safety Equipment		On Duty Crash
		Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		Safety Equipment 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 #	
Hospital		Date of Death	Time of Death	
Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		
Distracted By Action NOT DISTRACTED				

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UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location	
		Prior Action				
		Action				
	Action Other				To/From School	
	01	001	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			
01	01	Name PREMEIR COOPERATIVE USDOT# 1169093		Address PO BOX 230 MOUNT HOREB, WI 53572 , US		
		GVWR MORE THAN 26,000 LB		Vehicle Configuration SINGLE UNIT TRUCK (3 OR MORE AXLES)	Cargo Body Type GRAIN/CHIPS/GRAVEL	
	TRUCK	BUS	US DOT # 1169093		Carrier Type INTRASTATE 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
Measured Height		Measured Length	Measured Width	Measured Weight		

Unit Summary

UNIT	02	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 0	Total HazMat Types 0		
	Insurance? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	Total Lanes 4			
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT			Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE		
	Traffic Way TWO-WAY, NOT DIVIDED			Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO		
	Surface Type BLACKTOP (BITUMINOUS)			Road Curvature STRAIGHT		Road Grade LEVEL		

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		Truck Bus or HazMat	
		TRUCK OR TRUCK COMBINATION > 10,000LBS GVWR/GCWR	
02 UNIT VEHICLE	Vehicle		
	License Plate Number	Plate Type	St
	21530X	APO - APPORTIONED	WI
	Country of Issuance	UNITED STATES	
	Vehicle Identification Number	Make	Year
	4V4NC9EH5FN139055	VOLVO	2015
	Model	NO DATA FO	
	Color	Body Style	Bus Use
	BLK - BLACK	TK - TRUCK	NOT A BUS
	Initial Contact Point	Vehicle Damage	
7--LEFT REAR CORNER			
Extent Of Damage	7--LEFT REAR CORNER		
FUNCTIONAL DAMAGE			
Towed Due To Damage	Vehicle Removed By		
NOT TOWED			
What Driver Was Doing	Vehicle Factors		
OVERTAKE RIGHT			
Driver Prior Action Other	NOT APPLICABLE		
Driver Actions			
FAILED TO YIELD RIGHT-OF-WAY, IMPROPER OVERTAKING / PASSING RIGHT			
Owner Name		Owner Address	
ASHLEY DISTRIBUTION SERVICES		1 ASHLEY WAY	
(608) 323-6152		ARCADIA, WI 54612 , US	
Sequence Of Events			
01	Event		
	MOTOR VEH IN TRANSPORT		
02	Event		
03	Event		
04	Event		
Policy Holder			
Insurance Company		Organization/Company	
ACE-AMERICAN-INS-CO		ASHLEY DISTRIBUTION SERVICES	
Individual			
02 UNIT INDIVIDUAL	Driver	Citations Issued	Sex
	TIMMY L DAMPIER	0	MALE
	(662) 669-0267	Date of Birth	Race
			WHITE
Address		Driver License Number	
2333 HWY 15 SOUTH		STATE: MISSISSIPPI COUNTRY: UNITED STATES	
PONTOTOC, MS 38863 , US			
Safety Equipment		On Duty Crash	
		Safety Equipment	
Seat Position		SHOULDER & LAP BELT	
1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY			
Helmet Use		Helmet Compliance	

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02	002	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 #		
		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					
		UNIT	INDIVIDUAL	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								
02	002			Carrier				
				<input checked="" type="checkbox"/> Use Vehicle Owner Same as Carrier		Source DRIVER		
				Name ASHLEY DISTRIBUTION SERVICES		Address 1 ASHLEY WAY ARCADIA, WI 54612 , US		
		GVWR MORE THAN 26,000 LB		Vehicle Configuration TRUCK TRACTOR/SEMI-TRAILER		Cargo Body Type VAN/ENCLOSED BOX		
		US DOT #		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	TRUCK BUS					