

6TLOBNZLZH
19-04125

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 19-04125	Investigating Officer/Deputy DEPUTY A. BREUNIG	
Crash Date 04/11/2019		Crash Time 07:19 AM	Date Arrived 04/11/2019	Time Arrived 07:25 AM	
Date Notified 04/11/2019		Time Notified 07:21 AM	Total Units 01	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 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

<p>Diagram</p> <p style="text-align: center;">NOT TO SCALE</p> <p style="text-align: center;">USH 12 E/B</p> <p style="text-align: center;">USH 12 W/B</p>	Reconstruction By
	Photos By A BREUNIG
	Additional Information PHOTOS

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

UNIT 1 WAS TRAVELING NORTHBOUND ON USH 12. IT HAD RECENTLY SLEETED AND THERE WERE STRONG WINDS AT THE TIME. UNIT 1 TRAVELED ACROSS A BRIDGE THAT HAD SOME SLUSH ON IT. UNIT 1 LOST CONTROL WHEN HIT WITH A STRONG WIND GUST. UNIT 1 JACK KNIFED AND TRAVELED INTO THE MEDIAN. UNIT 1 CAME TO REST IN THE MEDIAN.

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Location

ON USH12 WB 0.20 MI N OF SOUTH GASSER RD IN THE TOWN OF BARABOO IN SAUK COUNTY	Latitude	Longitude
	X Coordinate	Y Coordinate
	Structure Type	

Crash Scene

First Harmful Event DITCH	First Harmful Event Location ON ROADWAY	
Manner of Collision NO COLLISION W/VEHICLE IN TRANSPORT	Light Condition DAYLIGHT	
Road Surface Condition(s) WET, SLUSH	Roadway Factor(s) ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC)	
Environment Factor(s) WEATHER CONDITIONS		
Weather Condition(s) OTHER		
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 01	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type TRUCK	
	Vehicle Type UTILITY TRUCK/PICKUP TRUCK				Operating As Endorsements	
	Total Occs 2	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 1	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel NORTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 65	Total Lanes 4	
	Most Harmful Event: Collision With DITCH		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 CONCRETE		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat TRUCK OR TRUCK COMBINATION > 10,000LBS GVWR/GCWR					

UNIT 01 VEHICLE	Vehicle				
	License Plate Number LD3126		Plate Type LTK - LIGHT TRUCK	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1GCHK44K49F149750		Make CHEVROLET	Year 2009	Model SILVERADO
	Color BGE - BEIGE		Body Style PK - PICKUP		Bus Use NOT A BUS
	Initial Contact Point NON-COLLISION		Vehicle Damage 2--RIGHT SIDE FRONT, 3--RIGHT SIDE MIDDLE, 9--LEFT SIDE MIDDLE, 10--LEFT SIDE FRONT		
Extent Of Damage DISABLING DAMAGE					

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UNIT VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By BILLS TOWING		
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors		
	Driver Prior Action Other		NOT APPLICABLE		
	Driver Actions FAILURE TO CONTROL				
01	01	Owner Name A1 MOVERS OF SAUK PRAIRIE LLC (608) 225-0904		Owner Address S8541 OLD BLUFF TRAIL PRAIRIE DU SAC, WI 53578 9744, US	
Sequence Of Events					
	01	Event JACKKNIFE			
	02	Event RUN OFF ROADWAY LEFT			
	03	Event DITCH			
	04	Event			
UNIT	Policy Holder				
	Insurance Company AUTO-OWNERS-INS-CO			Organization/Company A1 MOVERS OF SAUK PRAIRIE LLC	
UNIT TRAILER/ TOWED	Trailer/Towed				
	Trailer Plate # XR54983	Plate Type TRT - TRO	Make UNK	State WI	Country of Issuance UNITED STATES
	Unit Type UTILITY TRAILER	Name			Address
	Vehicle Identification Number 1T9GT3227EE661907				, ,
UNIT INDIVIDUAL	Individual				
	Driver ZACHARY SHOWERS (608) 963-9496			Citations Issued 0	Sex MALE
	Address 539 3RD AVE BARABOO, WI 53913 , US			Date of Birth	
				Race WHITE	
	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES				
UNIT 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	

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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 UNIT INDIVIDUAL	Drug Type				
	Individual Condition APPEARED NORMAL				
	Individual				
	Passenger CHASE SIMONDS (608) 434-1483		Citations Issued 0	Sex MALE	
	Address 415 CEDAR ST BARABOO, WI 53913 , US		Date of Birth	Race WHITE	
	Driver License Number		STATE: WISCONSIN COUNTRY: UNITED STATES		
	Safety Equipment		On Duty Crash		
	Seat Position 3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER		Safety Equipment SHOULDER & LAP BELT		
	Helmet Use		Helmet Compliance		
	Eye Protection		Tint Compliance		
01 002 UNIT INDIVIDUAL	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 #	

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Form containing fields for Hospital, Date of Death, Time of Death, Distracted By, Non Motorist, Striking Unit #, Location, Prior Action, Action, Action Other, To/From School, Drug & Alcohol, Suspected Alcohol Use, Suspected Drug Use, Alcohol Test Given, Alcohol Test Type, Alcohol Test Results, Drug Test Given, Drug Test Type, Drug Test Results, Drug Type, Individual Condition, Carrier, Use Vehicle Owner Same as Carrier, Source, Name, Address, GVWR, Vehicle Configuration, Cargo Body Type, US DOT #, Carrier Type, Permitted Load, OS/OW Load, WI Permit Number, Permitted Vehicle On Permitted Route, Escort Vehicle Required By Permit, Escort Vehicle Present, Measured Height, Measured Length, Measured Width, Measured Weight.

Witness section with fields for Individual Name (JESSICA KING), Address (218 LOCUST ST BARABOO, WI 53913), and Date of Birth.