

6TL0BNZLZJ

19-04133

# 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 <b>19-04133</b>	Investigating Officer/Deputy <b>DEPUTY A. BREUNIG</b>	
Crash Date <b>04/11/2019</b>		Crash Time <b>10:27 AM</b>	Date Arrived <b>04/11/2019</b>	Time Arrived <b>10:34 AM</b>	
Date Notified <b>04/11/2019</b>		Time Notified <b>10:27 AM</b>	Total Units <b>01</b>	Total Injured <b>03</b>	Total Killed <b>00</b>
<input checked="" type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input checked="" type="checkbox"/> Lane Closure	<input type="checkbox"/> Work Zone	<input 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 <b>NO</b>		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

## Description

Diagram NOT TO SCALE 	Reconstruction By
	Photos By <b>LT. J HODGES</b>
	Additional Information <b>PHOTOS, WITNESS STATEMENTS</b>

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

UNIT 1 WAS TRAVELING NORTHBOUND ON STH 78. UNIT 1 WAS RESPONDING TO A MOTOR VEHICLE CRASH. UNIT 1 WAS OPERATING WITH EMERGENCY LIGHTS AND SIREN ACTIVATED. THERE WAS SLEET COMING DOWN. THERE WERE STRONG WINDS. THE ROAD HAD SLUSH ON IT. UNIT 1 WAS NEGOTIATING A CURVE TO THE RIGHT. UNIT 1 BEGAN TO FISHTAIL WHILE TRAVELING AROUND THE CURVE. UNIT 1 BEGAN TO SPIN AROUND. UNIT 1 CROSSED THE CENTERLINE AND TRAVELED OFF THE LEFT SHOULDER OF THE ROAD. UNIT 1 OVERTURNED ON TO ITS PASSENGER SIDE. UNIT 1 CAME TO FACING SOUTH.

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**Location**

<b>ON WATER ST/ STH78 NB</b> <b>815 FT N</b> <b>OF NORTH RIDGE DR</b> <b>IN THE TOWN OF PRAIRIE DU SAC</b> <b>IN SAUK COUNTY</b>	Latitude <b>43.308539481</b>	Longitude <b>-89.735112583</b>
	X Coordinate <b>278179.09375</b>	Y Coordinate <b>4798711.5</b>
	Structure Type <b>NO STRUCTURE</b>	

**Crash Scene**

First Harmful Event <b>OVERTURN/ROLLOVER</b>		First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>NO COLLISION W/VEHICLE IN TRANSPORT</b>		Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>SLUSH</b>		Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>			
Weather Condition(s) <b>SLEET/HAIL</b>			
Animal Type		Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>		Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land		Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>	
Closure Type <b>FULL CLOSURE</b>		Reasons for Closure	
Date Initial Lane/Rd Closed <b>04/11/2019</b>	Time Initial Lane/Rd Closed <b>10:35 AM</b>	<b>FIRE/EMS</b>	
Date All Lanes Open <b>04/11/2019</b>	Time All Lanes Open <b>11:00 AM</b>	Date Scene Cleared <b>04/11/2019</b>	Time Scene Cleared <b>12:27 PM</b>

**Unit Summary**

<b>UNIT</b>	<b>01</b>	Unit Status <b>ON EMERGENCY</b>	Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>TRUCK</b>		
		Vehicle Type <b>AMBULANCE ON EMERGENCY</b>	Operating As Endorsements			
		Total Occs <b>3</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
		Insurance? <b>YES</b>	Direction Of Travel <b>NORTHBOUND</b>	<input checked="" type="checkbox"/> Pre CrashTire Mark	Speed Limit <b>55</b>	Total Lanes <b>2</b>
		Most Harmful Event: Collision With <b>OVERTURN/ROLLOVER</b>		Special Function <b>AMBULANCE</b>	Emergency Motor Vehicle Use <b>EMERGENCY OPERATION, EMERGEN</b>	
		Traffic Way <b>TWO-WAY, NOT DIVIDED</b>		Traffic Control <b>NO CONTROL</b>	Traffic Control Inoperative/Missing <b>NO</b>	
		Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>CURVE RIGHT</b>	Road Grade <b>LEVEL</b>	
		Truck Bus or HazMat <b>TRUCK OR TRUCK COMBINATION &gt; 10,000LBS GVWR/GCWR</b>				
		<b>Vehicle</b>				
	<b>01</b>		License Plate Number <b>36443</b>	Plate Type <b>MUN - MUNICIPAL</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>1FDXE4FS7FDA33171</b>	Make <b>FORD</b>	Year <b>2015</b>	Model <b>E450 SUPER</b>	

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UNIT VEHICLE	Color <b>WHI - WHITE</b>		Body Style <b>AM - AMBULANCE</b>	Bus Use <b>NOT A BUS</b>	
	Initial Contact Point <b>NON-COLLISION</b>		Vehicle Damage		
	Extent Of Damage <b>FUNCTIONAL DAMAGE</b>		<b>1--RIGHT FRONT CORNER, 2--RIGHT SIDE FRONT, 3--RIGHT SIDE MIDDLE, 4--RIGHT SIDE REAR, 5--RIGHT REAR CORNER</b>		
	Towed Due To Damage <b>TOWED BUT NOT DUE TO DISABLING DAMAG</b>		Vehicle Removed By <b>BILLS TOWING</b>		
	What Driver Was Doing <b>NEGOTIATING CURVE</b>		Vehicle Factors		
	Driver Prior Action Other		<b>NOT APPLICABLE</b>		
UNIT VEHICLE	Driver Actions <b>FAILURE TO CONTROL</b>				
	Owner Name <b>SAUK PRAIRIE AMBULANCE ASSOCIATION (608) 643-4183</b>		Owner Address <b>110 WASHINGTON ST SAUK CITY, WI 53583 , US</b>		
01 01	<b>Sequence Of Events</b>				
	01	Event <b>CROSS CENTERLINE</b>			
	02	Event <b>RUN OFF ROADWAY LEFT</b>			
	03	Event <b>OVERTURN/ROLLOVER</b>			
	04	Event			
UNIT	<b>Policy Holder</b>				
	Insurance Company <b>CONTINENTAL-WESTERN-INS-CO</b>		Government <b>SAUK PRAIRIE AMBULANCE ASSOCIATION</b>		
	<b>Individual</b>				
UNIT INDIVIDUAL	Driver <b>DEAN DARLING (608) 963-9686</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>	
			Date of Birth	Race <b>WHITE</b>	
	Address <b>513 WASHINGTON ST SAUK CITY, WI 53583 , US</b>		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
	<b>Safety Equipment</b>				
01 001	On Duty Crash <b>EMT/FIRST-RESPONDER</b>		Safety Equipment		
	Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>		<b>SHOULDER &amp; LAP BELT</b>		
	Helmet Use		Helmet Compliance		
	Eye Protection		Tint Compliance		
	<b>Injury</b>		Injury Severity <b>POSSIBLE INJURY</b>	Airbag <b>NON DEPLOYED</b>	
	Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>	
Medical Transport <b>EMS GROUND</b>		EMS Agency Identifier <b>6000555</b>	EMS Run #		

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UNIT INDIVIDUAL	Hospital <b>SAUK PRAIRIE HOSP</b>		Date of Death	Time of Death	
	<b>Distracted By</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>		
	Distracted By Action <b>NOT DISTRACTED</b>				
	<b>Non Motorist</b>		Striking Unit #	Location	
	Prior Action				
	Action				
	Action Other			To/From School	
	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>	
	Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type	Alcohol Test Results	
	Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type	Drug Test Results	
01 001	Drug Type				
	Individual Condition <b>APPEARED NORMAL</b>				
	<b>Individual</b>				
	Passenger <b>MONICA BRERETON (608) 669-0512</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
	Address <b>N1793 RYAN RD LODI, WI 53555 , US</b>		Date of Birth	Race <b>WHITE</b>	
	Driver License Number		<b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
	<b>Safety Equipment</b>		On Duty Crash <b>EMT/FIRST-RESPONDER</b>	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
	Seat Position <b>3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER</b>		Helmet Use		
	Eye Protection		Tint Compliance		
	01 002	<b>Injury</b>		Injury Severity <b>SUSPECTED MINOR INJURY</b>	Airbag <b>NON DEPLOYED</b>
Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>TRAPPED/EXTRICATED</b>		
Medical Transport <b>EMS GROUND</b>		EMS Agency Identifier <b>6000555</b>	EMS Run #		
Hospital <b>SAUK PRAIRIE HOSP</b>		Date of Death	Time of Death		

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UNIT	INDIVIDUAL	<b>Distracted By</b> Distracted By Source	
		Distracted By Action	
		<b>Non Motorist</b>	Striking Unit # Location
		Prior Action	
		Action	
		Action Other To/From School	
		<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b> Suspected Drug Use <b>NO</b>
		Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type Alcohol Test Results
		Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type Drug Test Results
		Drug Type	
UNIT	INDIVIDUAL	Individual Condition <b>APPEARED NORMAL</b>	
		<b>Individual</b>	
		Passenger <b>DANIEL KOBUSSEN (608) 370-2705</b>	Citations Issued <b>0</b> Sex <b>MALE</b>
		Date of Birth Race <b>WHITE</b>	
		Address <b>503 PHILLIPS BLVD SAUK CITY, WI 53583 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>
		<b>Safety Equipment</b>	On Duty Crash <b>EMT/FIRST-RESPONDER</b> Safety Equipment <b>NONE USED - VEHICLE OCCUPANT</b>
		Seat Position <b>PASSENGER IN OTHER ENCLOSED PASSENGER</b>	Helmet Use Helmet Compliance
		Eye Protection	Tint Compliance
		<b>Injury</b>	Injury Severity <b>SUSPECTED MINOR INJURY</b> Airbag <b>NOT APPLICABLE</b>
		Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b> Trapped/Extricated <b>NOT TRAPPED</b>
Medical Transport <b>EMS GROUND</b>	EMS Agency Identifier <b>6000555</b> EMS Run #		
Hospital <b>SAUK PRAIRIE HOSP</b>	Date of Death Time of Death		
UNIT	INDIVIDUAL	<b>Distracted By</b> Distracted By Source	

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<b>UNIT</b>	Distracted By Action				
	<b>Non Motorist</b>	Striking Unit #	Location		
	Prior Action				
	Action				
	Action Other			To/From School	
	<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>		
	Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type		Alcohol Test Results	
	Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results		
	Drug Type				
	Individual Condition <b>APPEARED NORMAL</b>				
<b>01</b>	<b>Carrier</b>				
	<input checked="" type="checkbox"/> Use Vehicle Owner Same as Carrier	Source <b>VEHICLE-SIDE</b>			
	Name <b>SAUK PRAIRIE AMBULANCE ASSOCIATION</b>	Address <b>110 WASHINGTON ST SAUK CITY, WI 53583 , US</b>			
	GVWR <b>10,001-26,000 LBS</b>	Vehicle Configuration <b>SINGLE-UNIT TRUCK (2-AXLE AND GVWR MORE THA</b>	Cargo Body Type <b>VAN/ENCLOSED BOX</b>		
	US DOT #	Carrier Type <b>NOT IN COMMERCE/GOVERNMENT</b>	Permitted Load <b>NOT APPLICABLE</b>		
	<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	
	<b>01</b>	<b>UNIT</b>	<b>TRUCK</b>	<b>BUS</b>	<b>003</b>

### Witness

<b>WITN</b>	<b>01</b>	Individual <b>STEVEN LOUIS SCHMIDT</b> <b>(262) 339-2034</b>	Address <b>409 E WASHINGTON ST</b> <b>LAKE MILLS, WI 53551 , US</b>	Date of Birth
		<b>ESS</b>		