

6TL0B4X4KZ
19-04470

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 19-04470	Investigating Officer/Deputy DEPUTY E. KNULL	
Crash Date 04/19/2019		Crash Time 10:08 AM	Date Arrived 04/19/2019	Time Arrived 10:23 AM	
Date Notified 04/19/2019		Time Notified 10:08 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

Diagram	Reconstruction By
	Photos By
	Additional Information NONE

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

UNIT 1 WAS AT STOP SIGN AND ENTERED THE ROAD TURNING SB ON STH 23. UNIT 1 OPERATOR STATED SHE DID NOT SEE UNIT 2 AND WAS STRUCK IN THE LEFT SIDE REAR. UNIT 1 OPERATOR REPORTING NO INJURIES. VEHICLE SUSTAINED FUNCTIONAL DAMAGE AND WAS REMOVED BY OPERATOR. UNIT 2 WAS NB AND STATES UNIT 1 PULLED OUT IN FRONT OF HER AND SHE WAS UNABLE TO AVOID COLLISION. UNIT 2 OPERATOR REPORTS NO INJURIES. UNIT 2 SUSTAINED FUNCTIONAL DAMAGE AND WAS REMOVED BY OPERATOR.

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Location

ON STH23 WB 812 FT S OF PEAK HILL RD IN THE TOWN OF WESTFIELD IN SAUK COUNTY	Latitude 43.432574727	Longitude -90.036492828
	X Coordinate 254237.3125	Y Coordinate 4813332.5
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 08--FRONT TO SIDE	Light Condition DAYLIGHT	
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 DRIVEWAY ACCESS-RELATED	Intersection Type NOT AN INTERSECTION

Unit Summary

UNIT 01	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE		
	Vehicle Type (SPORT) UTILITY VEHICLE			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 CrashTire Mark	Speed Limit 45	Total Lanes 2	
	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 STOP SIGN		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

UNIT 01	Vehicle				
	01	License Plate Number GRN4ME	Plate Type PAK - PACKER	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 1C4BJWKG2CL256937	Make JEEP	Year 2012	Model WRANGLER U
	VEHICLE	Color GRN - GREEN	Body Style UT - SPORT UTILITY VEHICLE		Bus Use NOT A BUS
		Initial Contact Point 8--LEFT SIDE REAR	Vehicle Damage		
Extent Of Damage FUNCTIONAL DAMAGE		8--LEFT SIDE REAR			

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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR	
	What Driver Was Doing ENTERING TRAFFIC LANE		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions FAILED TO YIELD RIGHT-OF-WAY			
01 01	Owner Name KIM M BARTELS (608) 393-6999		Owner Address S1816 MENCHOFF RD LA VALLE, WI 53941 , US	
	Sequence Of Events			
01 02 03 04	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
UNIT	Policy Holder			
	Insurance Company NATIONAL-GENERAL-INS-CO		Individual KIM BARTELS	
UNIT INDIVIDUAL	Individual			
	Driver KIM M BARTELS (608) 393-6999		Citations Issued 0	Sex FEMALE
	Address S1816 MENCHOFF RD LA VALLE, WI 53941 , US		Date of Birth	Race WHITE
			Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
01 001	Safety Equipment		On Duty Crash	
	Seat Position 3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER		Safety Equipment NONE USED - VEHICLE OCCUPANT	
	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
	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					
	01	001				

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	
		Insurance? YES		Direction Of Travel NORTHBOUND		<input checked="" type="checkbox"/> Pre Crash Tire Mark		Speed Limit 45	
		Total HazMat Types 0		Total Lanes 2		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			
		Truck Bus or HazMat TRUCK OR TRUCK COMBINATION > 10,000LBS GVWR/GCWR							

UNIT	02	Vehicle					
		License Plate Number 90646W		Plate Type APO - APPORTIONED		St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 1XKYD49X0EJ388173		Make KENWORTH MOTOR TRU		Year 2014	Model 680
		Color RED - RED		Body Style TC - TRACTOR			Bus Use NOT A BUS
		Initial Contact Point 12--FRONT		Vehicle Damage 12--FRONT			
		Extent Of Damage FUNCTIONAL DAMAGE					
Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR					

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UNIT VEHICLE	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
	Owner Name SKINNER TRANSFER CORP (608) 524-2326		Owner Address 2020 E MAIN ST PO BOX 438 REEDSBURG, WI 53959 , US	
UNIT 02	Sequence Of Events			
	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company TRAVELERS-INDEMNITY-CO-OF-CONNECTICUT		Organization/Company SKINNER TRANSFER CORP	
UNIT INDIVIDUAL	Individual			
	Driver STACIE L OSORIO (608) 495-0550		Citations Issued 0	Sex FEMALE
	Address 923 3RD ST REEDSBURG, WI 53959 , US		Date of Birth	Race WHITE
			Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
UNIT 02	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	
	Medical Transport NOT TRANSPORTED		Trapped/Extricated NOT TRAPPED	
	Hospital		EMS Agency Identifier	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	

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UNIT	INDIVIDUAL	Prior Action				
		Action				
02	002	Action Other			To/From School	
		Drug & Alcohol	Suspected Alcohol Use NO	Suspected Drug Use NO		
02	002	Alcohol Test Given	Alcohol Test Type	Alcohol Test Results		
		TEST NOT GIVEN				
		Drug Test Given	Drug Test Type	Drug Test Results		
		TEST NOT GIVEN				
		Drug Type				
		Individual Condition				
		APPEARED NORMAL				
02	01	Carrier				
		<input checked="" type="checkbox"/> Use Vehicle Owner Same as Carrier	Source DRIVER			
UNIT	TRUCK	BUS	Name		Address	
			SKINNER TRANSFER CORP		2020 E MAIN ST	
		USDOT# 74466		PO BOX 438		REEDSBURG, WI 53959 , US
		GVWR	Vehicle Configuration		Cargo Body Type	
10,001-26,000 LBS	SINGLE UNIT TRUCK (3 OR MORE AXLES)		NO CARGO BODY - (BOBTAIL, LIGHT MOTO			
US DOT #	Carrier Type		Permitted Load			
74466	INTERSTATE CARRIER		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			