19-04955

### WISCONSIN MOTOR VEHICLE CRASH REPORT

#### SAUK COUNTY SHERIFFS DEPARTMEN 1300 LANGE COURT BARABOO, WI 53913 (608) 356-4895

	Document Number Override	Primary Crash D	ocument #	Agency Crash Number 19-04955		Investigating Officer/Deputy DEPUTY B. MEARS				
٨G	Crash Date 04/30/2019	Crash Time <b>05:45 PM</b>		Date Ar 04/30/2	rived	Time Arrived 05:54 PM				
17	Date Notified	Time Notified		Total Ur	nits	Total Injured Total Kille		ed		
8 <b>N</b>	04/30/2019	05:46 PM		01		00	00			
L0B8M7VG	On Emergency	and Run 🔽 Lane Closu			re 🔄 Work Zone		or Towed	Reporting Threshold		
6TL	Government Property	Crash Type	hool Zone	School	Bus Related	Tags				
	Reportable	I)			ed	Secondary Crash				
	Description									
	Diagram		Reconstruction By Photos By DEPUTY MEARS							
	► NON CONTACT UNE COLOCIONISTICATIONE STOP			ST #23/33		RAILER	Additional Information PHOTOS			
	UNIT WAS WB ON STH 23/33 API WB UNITS IN FRONT OF HIS, WH BRAKING IN ALL THE UNITS IN F SUDDENLY SO HE CHECKED ON TRAFFIC IN FRONT OF HIM. HE THEN CAUSED THE TRUCK TO S SIDE OF THE TRUCK PUSHING I	Proaching Sth Ien The Front Ront of Him. C Icoming EB Tr/ Said That Whei Snap Around C	H 136. IT WAS RAI UNIT TURNED SU OPERATOR STATE AFFIC AND THER N HE DID THAT, T QUICKLY AND THE	NING AN JDDENLY ED DUE 1 E WAS N HE CAR( E FRONT	D THE ROADWAY WAS V ( WITHOUT SIGNALING. C O HIS LARGE TRAILER V ONE, SO HE MOVED OVE GO ON THE TRAILER SHI RT SIDE OF THE GOOSE	VET. OPERATO OPERATOR ST VITH CARGO ( ER INTO THE E FTED, CAUSIN NECK TRAILE	ATED THIS C. ON IT, HE COU EB LANE TO A IG THE TRAIL ER THEN STRI	AUSED SUDDEN JLD NOT STOP THAT VOID STRIKING THE ER TO SHIFT. WHICH UCK THE PASSENGER		

UNIT HAD SEVERE PASSENGER SIDE DAMAGE AND TRAILER HAD FRONT RT SIDE DAMAGE. OPERATOR STATED ALL OF THE OTHER VEHICLES

CONTINUED ON. TRAILER WAS REMOVED BY A FRIEND OF OPERATORS, TRUCK WAS REMOVED BY STEVES AUTO.

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Lo	ocation										
0	N STH23 WB					Latitude			Longitu	de	
	290 FT E						69083		-89.95	3513294	
	OF STH136 WB						ate		Y Coor	dinate	
	N THE TOWN OF EXCE	261348.4			48242						
IN	N SAUK COUNTY									••	
						Structure Type NO STRUCTURE					
						NU SIR	JUTURE				
С	rash Scene 🛛 💻										
Fi	irst Harmful Event					First Harm	ful Event L	ocation			
С	ARGO/EQUIPMENT LC	DSS OR SHIFT				ON ROA	DWAY				
M	lanner of Collision					Light Cond					
	O COLLISION W/VEHIC	CLE IN TRANSPORT				DAYLIG					
	oad Surface Condition(s)					Roadway					
						Roadway	1 40101(3)				
N	VET										
E	nvironment Factor(s)					_					
						ROAD S	URFACE	CONDITION	I (WET. I	CY, SNOW, SLUSH,	
N	VEATHER CONDITIONS	5				ETC)			. ,-	. ,)	
W	/eather Condition(s)					1					
	AIN										
R											
A	Animal Type					Relation T	o Trafficwa	ıy			
				TRAFFIC	WAY - O	N ROAD					
С	Crash Classification - Location					Crash Clas	sification -	Jurisdiction			
Р	UBLIC PROPERTY					NO SPEC	CIAL JUR	RISDICTION			
	ribal Land				Access Co				Special Study		
						NO CON		opeoial olday			
14	/ithin Interchange Area	Interchange Area Junction Location Intersection					ion Type				
	IO	INTERSECTION-RELAT	<b>E</b> D								
	-	INTERSECTION-RELAT	ED	-	-						
	losure Type			Reaso	ns for Clos	ure					
_	LOSURE-ONE DIRECT	-		LAW ENFORCEMENT, TOW TRUCK							
D	ate Initial Lane/Rd Closed	Time Initial Lane/Rd Clos	sed	LAW	ENFORC	EMENT, T	OW TRU	СК			
-	4/30/2019	05:50 PM									
D	ate All Lanes Open	Time All Lanes Open		Date S	Scene Clea	red			eared		
0	4/30/2019	06:42 PM		04/30/2019			07:07 PM				
U	nit Summary										
	Init Status		Vehi	icle Ope	rating As C	lassification		Unit Type			
IN	N TRANSIT			CLASS				TRUCK			
	/ehicle Type							Operating A	s Endorse	ments	
								oporating P	בוומטוסנ		
_		Train/Bus # Recorded	Ta+-	1 # 0:4-4	iono loove -			ilers Total HazMat Types		zMat Types	
	otal Occs	Tail/Dus # Recolded			IONS ISSUED	1	Total Trai	6121			
-	02			0			1 Speed Lie	imit Total Lanes			
	Insurance? Direction Of Travel				CrashTire	)	Speed Lir	THT		ies	
	ΈS	WESTBOUND			Mark		55	02			
	lost Harmful Event: Collision			cial Fun				Emergency Motor Vehicle Use NOT APPLICABLE Traffic Control Inoperative/Missing			
	THER OBJECT - NOT F	FIXED	NO	SPEC	IAL FUNC						
	raffic Way		Traff	fic Contr	ol					ative/Missing	
	TWO-WAY, NOT DIVIDED     NO CONTROL       Surface Type     Road Curvature       BLACKTOP (BITUMINOUS)     STRAIGHT				ROL			NO			
S					ture			Road Grade UPHILL			
в					г						
Т	ruck Bus or HazMat					I					
Ν	10										
	Vohiclo										
	Vehicle           License Plate Number         Plate Type						St		suanco		
						St		Country of Issuance			
	11147005	HM7685 LTK - LIGHT						UNITED STATES			
		1									
~	Vehicle Identification Nu		Ma	ke			Year	Model			
Ę	Vehicle Identification Nu		Ma					Model F250 SUPI	ER		

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		Color B								
					PK - PICK	UP		NOT A BUS		
ĺ	щ				Vehicle Damage					
<b>⊨</b>	บี	3RIGHT SIDE MIDDLE			2RIGHT SIDE FRONT, 3RIGHT SIDE MIDDLE, 4RIGHT SIDE REAR,					
UNIT	I				UNDERCA		3RIGHT SIDI	E MIDDLE, 4RIGHT SIDE REAR,		
-	VEHICLE	DISABLING DAMAGE								
	-	Towed Due To Damage			Vehicle Removed By					
		TOWED DUE TO DIS	ABLING DAM	AGE	STEVES A	UTO SERVICI	E			
		What Driver Was Doing		N N	Vehicle Fact	ors				
		GOING STRAIGHT								
		Driver Prior Action Other			NOT APPLICABLE					
		Driver Actions								
	щ	SWERVED OR AVOI	DED DUE TO	WIND, SLIPPERY	SURFAC	E, MOTOR VE	HICLE, OBJEC	CT, NON-MOTORIST IN ROADWAY, ETC.		
E	VEHICLE									
UNIT	Ī									
	Ч									
	-									
		Owner Name			Owner /	Address				
_	_	CHRISTOPHER J MC	CANN			COUNTY ROA	-			
5	0	(608) 393-7617			WONE	WOC, WI 5396	68,US			
	9	Sequence Of Eve	nts							
		Event	into							
	5	CARGO/EQUIPMEN	LOSS OR S	HIFT						
	•	Event								
	02									
		Event								
	03									
		Event								
	04									
		Policy Holder								
UNIT		Insurance Company								
5		ERIE-INS-CO			Individual CHRISTOPHER MCCANN					
	-	Trailer/Towed								
			Diata Tuna	Maka	State Country of Issuance					
2		Trailer Plate # AR69332	Plate Type <b>TRL - TRAI</b>	Make OTHR		State WI		itry of Issuance		
						VVI	-			
-	R D	Unit Type UTILITY TRAILER		ividual IRISTOPHER J M(	Address ICCANN S1011 CTH G					
UNI	۳.	Vehicle Identification Number (608) 393-7617			WONEWOC, WI 53968 9637, US					
	TOWE	Vehicle Identification Number								
	-	15XFH28275L001679								
		Individual			1					
		Driver			Citations	Issued		Sex		
	Ļ	CHRISTOPHER J MC (608) 393-7617	CANN		0			MALE		
	٩N	(000) 333-7017			Date of Birth			Race		
<u>⊨</u>	INDIVIDUAL				WHITE					
UNIT	N	Address			Driver License Number					
<b> </b>	Z	S1011 COUNTY ROA WONEWOC, WI 5396			STATE	WISCONSIN		ITED STATES		
	-	WONLWOC, WI 5550	, 03		UTATE.					
	Sat	On Duty Crash				Safety Equipment				
	Jai	fety Equipment								
		Seat Position				SHOULDER & LAP BELT				
	1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY									
		Helmet Use			Helmet Compliance					

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		Eye Protection		Tint Compliance							
2	001	Injury S Injury NO AF	everity PPARENT INJURY	Airbag NON DEPLOYED							
		Ejected	Ejection Path	ł		Trapped/Extricated					
			NOT EJECTED/NOT APP			NOT TRAPPED					
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #					
		Hospital		Date of Death	Time of Death						
		Distracted By NOT A	ed By Source PPLICABLE (NOT DISTR)	ACTED)							
		Distracted By Action NOT DISTRACTED									
		Non Motorist	Unit # Location								
		Prior Action									
İ		Action									
	IAI										
UNIT	INDIVIDUAL										
5	Σ										
	Ð										
	=										
		Action Other					To/From School				
	l	Drug & Alcohol NO	ted Alcohol Use	Suspected Drug Use NO							
		Alcohol Test Given	Alcohol Test Typ	e		Alcohol Test Results					
		TEST NOT GIVEN									
1		Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Result							
ļ											
2	001	Drug Type									
	U										
		Individual Condition									
		APPEARED NORMAL									
	I	Individual									
		Passenger		Citations Issued		Sex					
	Ļ	KLAIRE K MCCANN (608) 393-7617		0		FEMALE					
	INDIVIDUAL	(000) 393-7017		Date of Birth							
E	ē					WHITE					
UNIT	5	Address S1011 COUNTY ROAD G		Driver License Number							
	Z	WONEWOC, WI 53968 ,									
		On Duty	v Crash	Safety Equipment							
	Sat	fety Equipment									
		Seat Position		SHOULDER & LAP	BELT						
		3FRONT SEAT-RIGHT S	SIDE (TRAIN ENGINEER								
		Helmet Use		Helmet Compliance							
		Eye Protection		Tint Compliance							
				Tint Compliance							
1											

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2	002	· · · · · · · ·	Injury Severity NO APPARENT INJURY			Airbag				
0	õ	injury	PARENT I	NJURY	NON DEPLOYED					
İ.		Ejected		Ejection Par	th			Trapped/Extricated		
		NOT EJECTED	NOT EJECTED/NOT APPL					NOT TRAPPED		
1		Medical Transport				EMS Agency Identifier		EMS Run #		
		NOT TRANSPORT	ſED							
1		Hospital				Date of Death		Time of Death		
		Distracted By	Distracte	ed By Source						
		Distracted By Action								
		Non Motorist	Striking	Unit #	Location					
		Prior Action								
İ		Action								
	INDIVIDUAL									
E	DC									
UNIT	VIC									
	D									
	Z									
		Action Other						To/From School		
			Suspect	ed Alcohol U	se	Suspected Drug Use				
	L	Drug & Alcohol	NO			NO				
		Alcohol Test Given			Alcohol Test Type			Alcohol Test Results		
		TEST NOT GIVEN								
İ.		Drug Test Given TEST NOT GIVEN			Drug Test Type		Drug Test Results	L		
2	002	Drug Type								
		Individual Condition								
		APPEARED NOR	MAL							
1										