

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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Document Number Override		Primary Crash Document #	Agency Crash Number <b>19-04955</b>	Investigating Officer/Deputy <b>DEPUTY B. MEARS</b>	
Crash Date <b>04/30/2019</b>		Crash Time <b>05:45 PM</b>	Date Arrived <b>04/30/2019</b>	Time Arrived <b>05:54 PM</b>	
Date Notified <b>04/30/2019</b>		Time Notified <b>05:46 PM</b>	Total Units <b>01</b>	Total Injured <b>00</b>	Total Killed <b>00</b>
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input checked="" type="checkbox"/> Lane Closure	<input type="checkbox"/> Work Zone	<input checked="" type="checkbox"/> Trailer or Towed	<input 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

<p>Diagram</p>	Reconstruction By
	Photos By <b>DEPUTY MEARS</b>
	Additional Information <b>PHOTOS</b>

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

UNIT WAS WB ON STH 23/33 APPROACHING STH 136. IT WAS RAINING AND THE ROADWAY WAS WET. OPERATOR STATED THERE WERE ABOUT 6-7 WB UNITS IN FRONT OF HIS, WHEN THE FRONT UNIT TURNED SUDDENLY WITHOUT SIGNALING. OPERATOR STATED THIS CAUSED SUDDEN BRAKING IN ALL THE UNITS IN FRONT OF HIM. OPERATOR STATED DUE TO HIS LARGE TRAILER WITH CARGO ON IT, HE COULD NOT STOP THAT SUDDENLY SO HE CHECKED ONCOMING EB TRAFFIC AND THERE WAS NONE, SO HE MOVED OVER INTO THE EB LANE TO AVOID STRIKING THE TRAFFIC IN FRONT OF HIM. HE SAID THAT WHEN HE DID THAT, THE CARGO ON THE TRAILER SHIFTED, CAUSING THE TRAILER TO SHIFT. WHICH THEN CAUSED THE TRUCK TO SNAP AROUND QUICKLY AND THE FRONT RT SIDE OF THE GOOSE NECK TRAILER THEN STRUCK THE PASSENGER SIDE OF THE TRUCK PUSHING IT INTO THE WB LANE WHERE UNIT CAME TO REST FACING NE. OPERATOR AND PASSENGER WERE NOT INJURED. 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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SAUK COUNTY SHERIFFS DEPARTMENT
1300 LANGE COURT
BARABOO, WI 53913
(608) 356-4895

Location

Table with location details: ON STH23 WB, 290 FT E, OF STH136 WB, IN THE TOWN OF EXCELSIOR, IN SAUK COUNTY. Includes Latitude (43.532669083), Longitude (-89.953513294), X Coordinate (261348.421875), Y Coordinate (4824208), and Structure Type (NO STRUCTURE).

Crash Scene

Table with crash scene details: First Harmful Event (CARGO/EQUIPMENT LOSS OR SHIFT), Manner of Collision (NO COLLISION W/VEHICLE IN TRANSPORT), Road Surface Condition (WET), Environment Factor (WEATHER CONDITIONS), Weather Condition (RAIN), Animal Type, Crash Classification (PUBLIC PROPERTY), Intersection Type (NOT AN INTERSECTION), Closure Type (CLOSURE-ONE DIRECTION), and Date Scene Cleared (04/30/2019).

Unit Summary

Table with unit summary details: Unit Status (IN TRANSIT), Vehicle Type (UTILITY TRUCK/PICKUP TRUCK), Total Occs (02), Direction of Travel (WESTBOUND), Most Harmful Event (OTHER OBJECT - NOT FIXED), Traffic Way (TWO-WAY, NOT DIVIDED), Surface Type (BLACKTOP (BITUMINOUS)), and Vehicle details (License Plate Number HM7685, Make FORD, Year 2002, Model F250 SUPER).

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UNIT VEHICLE	Color <b>BLK - BLACK</b>		Body Style <b>PK - PICKUP</b>	Bus Use <b>NOT A BUS</b>
	Initial Contact Point <b>3--RIGHT SIDE MIDDLE</b>		Vehicle Damage	
	Extent Of Damage <b>DISABLING DAMAGE</b>		<b>2--RIGHT SIDE FRONT, 3--RIGHT SIDE MIDDLE, 4--RIGHT SIDE REAR, UNDERCARRIAGE</b>	
	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>STEVES AUTO SERVICE</b>	
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
UNIT VEHICLE	Driver Actions <b>SWERVED OR AVOIDED DUE TO WIND, SLIPPERY SURFACE, MOTOR VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC.</b>			
	Owner Name <b>CHRISTOPHER J MCCANN (608) 393-7617</b>		Owner Address <b>S1011 COUNTY ROAD G WONEWOC, WI 53968 , US</b>	
01 01	<b>Sequence Of Events</b>			
	01	Event <b>CARGO/EQUIPMENT LOSS OR SHIFT</b>		
	02	Event		
	03	Event		
	04	Event		
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>ERIE-INS-CO</b>		Individual <b>CHRISTOPHER MCCANN</b>	
01 TRAILER/ TOWED	<b>Trailer/Towed</b>			
	Trailer Plate # <b>AR69332</b>	Plate Type <b>TRL - TRAI</b>	Make <b>OTHR</b>	State <b>WI</b>
	Country of Issuance <b>UNITED STATES</b>	Individual <b>CHRISTOPHER J MCCANN (608) 393-7617</b>		Address <b>S1011 CTH G WONEWOC, WI 53968 9637, US</b>
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>CHRISTOPHER J MCCANN (608) 393-7617</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
	Address <b>S1011 COUNTY ROAD G WONEWOC, WI 53968 , US</b>		Date of Birth	Race <b>WHITE</b>
	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
Safety Equipment	On Duty Crash		Safety Equipment	
	Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>		<b>SHOULDER &amp; LAP BELT</b>	
	Helmet Use		Helmet Compliance	

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01	001	Eye Protection		Tint Compliance				
		<b>Injury</b>	Injury Severity <b>NO APPARENT 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>NOT TRANSPORTED</b>		EMS Agency Identifier		EMS Run #		
		Hospital		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					
		UNIT	INDIVIDUAL	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>								
01	001			<b>Individual</b>				
				Passenger <b>KLAIRE K MCCANN (608) 393-7617</b>		Citations Issued <b>0</b>		Sex <b>FEMALE</b>
						Date of Birth		Race <b>WHITE</b>
		Address <b>S1011 COUNTY ROAD G WONEWOC, WI 53968 , US</b>		Driver License Number				
		<b>Safety Equipment</b>	On Duty Crash		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>			
			Seat Position <b>3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER</b>		Helmet Compliance			
			Helmet Use		Tint Compliance			
			Eye Protection					

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01	002	<b>Injury</b>	Injury Severity <b>NO APPARENT 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>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #		
		Hospital		Date of Death	Time of Death		
		<b>Distracted By</b>		Distracted By Source			
		Distracted By Action					
		<b>Non Motorist</b>		Striking Unit #	Location		
		Prior Action					
		Action					
		UNIT INDIVIDUAL	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>							
01	002						