

WISCONSIN MOTOR VEHICLE CRASH REPORT

6TL0BTWRB5

Document Number Override, Primary Crash Document #, Agency Crash Number 19-04877, Investigating Officer/Deputy LIEUTENANT J. HODGES, Crash Date 04/29/2019, Crash Time 07:48 AM, Date Arrived 04/29/2019, Time Arrived 07:48 AM, Date Notified 04/29/2019, Time Notified 07:48 AM, Total Units 02, Total Injured 00, Total Killed 02, On Emergency, Hit and Run, Lane Closure, Work Zone, Trailer or Towed, Reporting Threshold, Government Property, Active School Zone, School Bus Related NO, Tags, Reportable, Crash Type DT4000 (STANDARD CRASH), Amended, Secondary Crash

Description

Diagram, Reconstruction By SAUK COUNTY SHERIFF, Photos By DETECTIVE TREVOR LOHR, Additional Information CMV INSPECTION, CRIMINAL INCIDENT, ECM/EDR DOWNLOAD, FATAL CRASH SUPPLEMENT, MEASUREMENTS, PHOTOS, RECONSTRUCTION, WITNESS STATEMENTS, OTHER DOCUMENTS, DASH CAMERA VIDEO, OTHER VIDEO

I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report. UNIT ONE WAS TRAVELING SB ON I39 IN EXCESS OF THE POSTED SPEED LIMIT OF 70 MPH. UNIT 1 CHANGED LANES FROM THE LEFT LANE TO THE RIGHT LANE AND COLLIDED WITH A SLOWER MOVING SEMI-TRACTOR/TRAILER THAT WAS TRAVELING SB IN THE RIGHT LANE. UNIT 1 UNDER RODE THE REAR OF THE SEMI TRAILER CAUSING BOTH FRONT AND TOP DAMAGE TO THE UNIT. UNIT 2 CONTINUED SB AND CAME TO A CONTROLLED STOP ON THE RIGHT SHOULDER. UNIT 1 DISENGAGED FROM THE TRAILER AND SLID INTO THE RIGHT GUARD RAIL AND CAME TO REST ON THE RIGHT SHOULDER AT THE BEGINNING OF A BRIDGE. DRIVER OF UNIT 1 WAS EJECTED DURING THE COLLISION, FRONT PASSENGER REMAINED IN UNIT 1. BOTH OCCUPANTS SUFFERED FATAL INJURIES. OPERATOR OF UNIT 2 WAS TAKEN TO HOSPITAL FOR CONSENT BLOOD DRAW. DOT URINE TEST BYPASSED FOR BLOOD TEST PER OFFICER. NO SIGNS OF IMPAIRMENT OF UNIT 2 OPERATOR. MUTUAL AID INVESTIGATION DONE BY WISCONSIN DCI AND SAUK COUNTY SHERIFF.

6TLOBTWRB5  
19-04877

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

Location

ON IH39 SB 0.38 MI N OF CASCADE MOUNTAIN RD IN THE TOWN OF CALEDONIA IN COLUMBIA COUNTY	Latitude <b>43.501684365</b>	Longitude <b>-89.484300377</b>
	X Coordinate <b>299160.59375</b>	Y Coordinate <b>4819526.5</b>
	Structure Type <b>NO STRUCTURE</b>	

Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>		First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>02--FRONT TO REAR</b>		Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>WET</b>		Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>WEATHER CONDITIONS</b>			
Weather Condition(s) <b>CLOUDY, RAIN</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>FULL 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>CLOSURE-ONE DIRECTION</b>		Reasons for Closure <b>LAW ENFORCEMENT</b>	
Date Initial Lane/Rd Closed <b>04/29/2019</b>	Time Initial Lane/Rd Closed <b>07:48 AM</b>	Date Scene Cleared <b>04/29/2019</b>	
Date All Lanes Open <b>04/29/2019</b>	Time All Lanes Open <b>12:00 PM</b>		

Unit Summary

<b>UNIT</b>	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>PASSENGER CAR</b>	Operating As Endorsements			
	Total Occs <b>2</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>SOUTHBOUND</b>	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit <b>70</b>	Total Lanes <b>2</b>
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>
	Traffic Way <b>DIVIDED HWY MEDIAN W/BARRIER</b>		Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>
	Surface Type <b>CONCRETE</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>
	Truck Bus or HazMat <b>NO</b>				
<b>01</b>	<b>Vehicle</b>				
	License Plate Number <b>ADX1559</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>1N4AL3APXHC266778</b>		Make <b>NISSAN</b>	Year <b>2017</b>	Model <b>ALTIMA</b>

6TLOBTWRB5

19-04877

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

UNIT VEHICLE	Color <b>BLK - BLACK</b>	Body Style <b>SD - SEDAN</b>	Bus Use <b>NOT A BUS</b>
	Initial Contact Point <b>12--FRONT</b>	Vehicle Damage <b>1--RIGHT FRONT CORNER, 2--RIGHT SIDE FRONT, 8--LEFT SIDE REAR, 9--LEFT SIDE MIDDLE, 10--LEFT SIDE FRONT, 11--LEFT FRONT CORNER, 12--FRONT</b>	
	Extent Of Damage <b>DISABLING DAMAGE</b>		
	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	Vehicle Removed By <b>BLYSTONES TOWING</b>	
	What Driver Was Doing <b>CHANGING LANES</b>	Vehicle Factors <b>NOT APPLICABLE</b>	
Driver Prior Action Other			
UNIT VEHICLE	Driver Actions <b>EXCEED SPEED LIMIT, FAILURE TO CONTROL, OPERATED MOTOR VEHICLE IN AGGRESSIVE/RECKLESS MANNER</b>		
	Owner Name <b>TERRY MILLER</b>	Owner Address <b>2713 13TH ST TWO RIVERS, WI 54241 , US</b>	
01 01	<b>Sequence Of Events</b>		
	Event <b>MOTOR VEH IN TRANSPORT</b>		
	Event <b>GUARDRAIL FACE</b>		
	Event		
	Event		
UNIT	<b>Policy Holder</b>		
	Insurance Company <b>ERIE-INSURANCE-EXCHANGE</b>	Individual <b>TERRY MILLER</b>	
UNIT INDIVIDUAL	<b>Individual</b>		
	Driver <b>TER'RANCE SIMMONS JR</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>
		Date of Birth	Race <b>BLACK</b>
	Address <b>2909 TEAL AVE WAUSAU, WI 54401 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
01 001	<b>Safety Equipment</b>	On Duty Crash	Safety Equipment <b>NONE USED - VEHICLE OCCUPANT</b>
	Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>		
	Helmet Use	Helmet Compliance	
	Eye Protection	Tint Compliance	
	<b>Injury</b>	Injury Severity <b>FATAL INJURY</b>	Airbag <b>DEPLOYED-FRONT</b>
	Ejected <b>TOTALLY EJECTED</b>	Ejection Path <b>THROUGH WINDSHIELD</b>	Trapped/Extricated <b>NOT TRAPPED</b>
Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier	EMS Run #	

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

UNIT	Hospital		Date of Death <b>04/29/2019</b>	Time of Death <b>08:47</b>	
	<b>Distracted By</b>		Distracted By Source <b>UNKNOWN</b>		
	Distracted By Action <b>UNKNOWN</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>YES</b>	Suspected Drug Use <b>YES</b>	
	Alcohol Test Given <b>TEST GIVEN</b>		Alcohol Test Type <b>BLOOD</b>	Alcohol Test Results <b>PENDING</b>	
	Drug Test Given <b>TEST GIVEN</b>		Drug Test Type <b>BLOOD</b>	Drug Test Results <b>PENDING</b>	
Drug Type					
Individual Condition <b>NOT OBSERVED</b>					
UNIT	<b>Individual</b>				
	Passenger <b>TERRANCE SIMMONS JR</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>	
			Date of Birth	Race <b>BLACK</b>	
	Address <b>2909 TEAL AVE WAUSAU, WI 54401 , US</b>		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
	<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 Use		Helmet Compliance		
	Eye Protection		Tint Compliance		
	<b>Injury</b>		Injury Severity <b>FATAL INJURY</b>	Airbag <b>DEPLOYED-FRONT</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 <b>04/29/2019</b>	Time of Death <b>08:48</b>		

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

UNIT	INDIVIDUAL	<b>Distracted By</b>		Distracted By Source		
		Distracted By Action				
	01	002	<b>Non Motorist</b>		Striking Unit #	Location
			Prior Action			
	Action					
	Action Other				To/From School	
	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>YES</b>		Suspected Drug Use <b>YES</b>	
	Alcohol Test Given <b>TEST GIVEN</b>		Alcohol Test Type <b>BLOOD</b>		Alcohol Test Results <b>PENDING</b>	
	Drug Test Given <b>TEST GIVEN</b>		Drug Test Type <b>BLOOD</b>		Drug Test Results <b>PENDING</b>	
	Drug Type					
Individual Condition <b>NOT OBSERVED</b>						

**Unit Summary**

UNIT	02	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>A CLASS</b>		Unit Type <b>TRUCK</b>				
		Vehicle Type <b>TRUCK TRACTOR (SEMI ATTACHED)</b>				Operating As Endorsements				
		Total Occs <b>1</b>		Train/Bus # Recorded		Total # Citations Issued <b>0</b>		Total Trailers <b>1</b>		Total HazMat Types <b>0</b>
		Insurance? <b>YES</b>		Direction Of Travel <b>SOUTHBOUND</b>		<input type="checkbox"/> <b>Pre Crash Tire Mark</b>		Speed Limit <b>70</b>		Total Lanes <b>2</b>
		Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>				Special Function <b>NO SPECIAL FUNCTION</b>			Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
		Traffic Way <b>DIVIDED HWY MEDIAN W/BARRIER</b>				Traffic Control <b>NO CONTROL</b>			Traffic Control Inoperative/Missing <b>NO</b>	
		Surface Type <b>CONCRETE</b>				Road Curvature <b>STRAIGHT</b>			Road Grade <b>LEVEL</b>	
		Truck Bus or HazMat <b>TRUCK OR TRUCK COMBINATION &gt; 10,000LBS GVWR/GCWR</b>								

02	02	<b>Vehicle</b>						
		License Plate Number <b>2900588</b>			Plate Type <b>APO - APPORTIONED</b>		St <b>IN</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>3HSDZAPR1LN828627</b>			Make <b>INTERNATIONAL</b>		Year <b>2020</b>	Model <b>LT625</b>
		Color <b>BLU - BLUE</b>			Body Style <b>DS - TRACTOR-TRUCK DIESEL</b>			Bus Use <b>NOT A BUS</b>
		Initial Contact Point <b>6--REAR</b>						

6TLOBTWRB5

19-04877

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

UNIT VEHICLE	Vehicle Damage				
	Extent Of Damage <b>FUNCTIONAL DAMAGE</b>	<b>6--REAR, UNDERCARRIAGE</b>			
	Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>BLYSTONES TOWING</b>			
	What Driver Was Doing <b>SLOW/STOPPING</b>	Vehicle Factors			
UNIT VEHICLE	Driver Prior Action Other	<b>NOT APPLICABLE</b>			
	Driver Actions <b>NO CONTRIBUTING ACTION</b>				
02 02	Owner Name <b>LINETEC (715) 846-3155</b>	Owner Address <b>7500 STEWART AVE WAUSAU, WI 54401 , US</b>			
	<b>Sequence Of Events</b>				
01 02 03 04	Event <b>MOTOR VEH IN TRANSPORT</b>				
	Event				
	Event				
	Event				
UNIT 02	<b>Policy Holder</b>				
	Insurance Company <b>OLD-REPUBLIC-INS-CO</b>	Organization/Company <b>LINETEC</b>			
UNIT TRAILER/ TOWED	<b>Trailer/Towed</b>				
	Trailer Plate # <b>522615</b>	Plate Type <b>STL - SEMI</b>	Make <b>MANA</b>	State <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Unit Type <b>SEMI TRAILER</b>	Organization/Company <b>LINETEC (715) 846-3155</b>		Address <b>7500 STEWART AVE WAUSAU, WI 54401 , US</b>	
UNIT INDIVIDUAL	Vehicle Identification Number <b>2M592161561106964</b>				
	<b>Individual</b>				
UNIT INDIVIDUAL	Driver <b>DENNIS LANG (715) 572-6194</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>		
		Date of Birth	Race <b>WHITE</b>		
	Address <b>841 COUNTY RD N MILLADORE, WI 54454 , US</b>		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
	<b>Safety Equipment</b>		Safety Equipment		
	On Duty Crash	<b>SHOULDER &amp; LAP BELT</b>			
	Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>	Helmet Compliance			
	Helmet Use	Tint Compliance			
	Eye Protection				

6TL0BTWRB5

19-04877

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

02	003	<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					
		Action					
		Action Other					
02	003	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>		
		Alcohol Test Given <b>TEST GIVEN</b>	Alcohol Test Type <b>BLOOD</b>	Alcohol Test Results <b>PENDING</b>			
		Drug Test Given <b>TEST GIVEN</b>	Drug Test Type <b>BLOOD</b>	Drug Test Results <b>PENDING</b>			
		Drug Type					
		Individual Condition <b>APPEARED NORMAL</b>					
		<b>Carrier</b>					
		<input checked="" type="checkbox"/> Use Vehicle Owner Same as Carrier			Source <b>DRIVER</b>		
		Name <b>LINETEC USDOT# 0948508</b>			Address <b>7500 STEWART AVE WAUSAU, WI 54401 , US</b>		
		GVWR <b>MORE THAN 26,000 LB</b>		Vehicle Configuration <b>TRUCK TRACTOR/SEMI-TRAILER</b>		Cargo Body Type <b>VAN/ENCLOSED BOX</b>	
		US DOT # <b>0948508</b>		Carrier Type <b>INTERSTATE CARRIER</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							
02	001	<b>TRUCK BUS</b>					

6TL0BTWRB5

19-04877

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

## Property Owner

PROP OWNER 01	Government COLUMBIA COUNTY HIGHWAY DEPARTMENT (608) 742-9254	Address 2652 MURPHY RD #1 PORTAGE, WI 53901 , US
---------------------	--------------------------------------------------------------------	--------------------------------------------------------

## Fixed Objects Struck

	Striking Unit	Struck Object	Structure Number	Damage Tag Number
01	01	GUARDRAIL FACE		