

WISCONSIN MOTOR VEHICLE CRASH REPORT

6TL092T5NC

Document Number Override		Primary Crash Document #	Agency Crash Number <b>19-05666</b>	Investigating Officer/Deputy <b>DEPUTY J. KIRKENG</b>	
Crash Date <b>05/16/2019</b>		Crash Time <b>09:21 PM</b>	Date Arrived <b>05/16/2019</b>	Time Arrived <b>09:26 PM</b>	
Date Notified <b>05/16/2019</b>		Time Notified <b>09:21 PM</b>	Total Units <b>02</b>	Total Injured <b>00</b>	Total Killed <b>00</b>
<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 <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	Reconstruction By
	Photos By
	Additional Information <b>NONE</b>
	<input checked="" type="checkbox"/> I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.
UNIT 1 WAS TRAVELING S/B ON USH 12. THE DRIVER'S SIDE TIRE FELL OFF UNIT 1. THE TIRE THEN CROSSED THE CENTER LINE AND STRUCK UNIT 2 AS UNIT 2 WAS TRAVELING N/B ON USH 12.	

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

**Location**

ON USH12 EB 1071 FT S OF CTHPF SB IN THE TOWN OF PRAIRIE DU SAC IN SAUK COUNTY	Latitude <b>43.290123938</b>	Longitude <b>-89.759067501</b>
	X Coordinate <b>276168.625</b>	Y Coordinate <b>4796730.5</b>
	Structure Type <b>NO STRUCTURE</b>	

**Crash Scene**

First Harmful Event <b>CARGO/EQUIPMENT LOSS OR SHIFT</b>		First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>NO COLLISION W/VEHICLE IN TRANSPORT</b>		Light Condition <b>DARK/UNLIT</b>	
Road Surface Condition(s) <b>DRY</b>		Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>			
Weather Condition(s) <b>CLOUDY</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>	

**Unit Summary**

<b>UNIT</b>	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>TRUCK</b>	
	Vehicle Type <b>UTILITY TRUCK/PICKUP TRUCK</b>				Operating As Endorsements	
	Total Occs <b>1</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"/> <b>Pre CrashTire Mark</b>	Speed Limit <b>55</b>	Total Lanes <b>2</b>	
	Most Harmful Event: Collision With <b>CARGO/EQUIPMENT LOSS OR SHIFT</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</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>CONCRETE</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>					

<b>UNIT</b>	<b>VEHICLE</b>	<b>Vehicle</b>			
		License Plate Number <b>PH6910</b>	Plate Type <b>LTK - LIGHT TRUCK</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>1B7GG23Y3SS263789</b>	Make <b>DODGE</b>	Year <b>1995</b>	Model <b>DAKOTA</b>
		Color <b>RED - RED</b>	Body Style <b>PK - PICKUP</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>11--LEFT FRONT CORNER</b>			

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UNIT VEHICLE	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>EVERETTS TOWING</b>	
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors	
	Driver Prior Action Other		<b>TIRES, WHEELS</b>	
	Driver Actions <b>NO CONTRIBUTING ACTION</b>			
01 01	Owner Name <b>KENNETH D STEWART (608) 588-4367</b>		Owner Address <b>7159 COUNTY RD H ARENA, WI 53503 , US</b>	
	<b>Sequence Of Events</b>			
01 02 03 04	Event <b>CARGO/EQUIPMENT LOSS OR SHIFT</b>			
	Event			
	Event			
	Event			
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>WISCONSIN-MUTUAL-INS-CO</b>		Individual <b>KENNETH STEWART</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>KENNETH D STEWART (608) 588-4367</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
	Address <b>7159 COUNTY RD H ARENA, WI 53503 , US</b>		Date of Birth	Race <b>WHITE</b>
	Driver License Number		<b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
01 001	<b>Safety Equipment</b>		On Duty Crash	
	Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
	Helmet Use		Helmet Compliance	
	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>				

WISCONSIN MOTOR VEHICLE  
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UNIT           01  001	<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>				

**Unit Summary**

UNIT           02           02	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>NORTHBOUND</b>	<input type="checkbox"/> <b>Pre Crash Tire Mark</b>	Speed Limit <b>55</b>	Total Lanes <b>2</b>	
	Most Harmful Event: Collision With <b>STRUCK BY FALLING, SHIFTING CARGO OR ANYT</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</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>CONCRETE</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>					

UNIT           02           02	<b>Vehicle</b>					
	License Plate Number <b>CAA191</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>MN</b>	Country of Issuance <b>UNITED STATES</b>	
	Vehicle Identification Number <b>KM8J33A25GU112806</b>		Make <b>HYUNDAI</b>	Year <b>2016</b>	Model <b>TUCSON</b>	
	Color <b>GRY - GRAY</b>		Body Style <b>4H - HATCHBACK 4 DOOR</b>		Bus Use <b>NOT A BUS</b>	
	Initial Contact Point <b>11--LEFT FRONT CORNER</b>		Vehicle Damage			
	Extent Of Damage <b>DISABLING DAMAGE</b>		<b>11--LEFT FRONT CORNER</b>			
	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>EVERETTS TOWING</b>			

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UNIT VEHICLE	What Driver Was Doing <b>GOING STRAIGHT</b>	Vehicle Factors	
	Driver Prior Action Other	<b>NOT APPLICABLE</b>	
	Driver Actions <b>NO CONTRIBUTING ACTION</b>		
	Owner Name <b>HYUNDAI FINANCE</b>	Owner Address <b>PO BOX 20829 FOUNTAIN VALLEY, CA 92728 , US</b>	
UNIT 02	<b>Sequence Of Events</b>		
	01	Event <b>STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY MOTOR VEHICLE</b>	
	02	Event	
	03	Event	
	04	Event	
UNIT	<b>Policy Holder</b>		
	Insurance Company <b>TEACHERS-INS-CO</b>	Individual <b>PATRICK GAUEN</b>	
UNIT INDIVIDUAL	<b>Individual</b>		
	Driver <b>PATRICK E GAUEN (618) 806-2204</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>
		Date of Birth	Race <b>WHITE</b>
	Address <b>2827 SUNSET LN NE ROCHESTER, MN 55906 , US</b>	Driver License Number <b>STATE: MINNESOTA COUNTRY: UNITED STATES</b>	
UNIT 02	<b>Safety Equipment</b>		On Duty Crash
	Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>
	Helmet Use		Helmet Compliance
	Eye Protection		Tint Compliance
	<b>Injury</b>		Airbag
	Injury Severity <b>NO APPARENT INJURY</b>	<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

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CRASH REPORT

<b>UNIT</b>	<b>INDIVIDUAL</b>	Prior Action				
		Action				
<b>02</b>	<b>002</b>	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>Individual</b>				
		<b>UNIT</b>	<b>INDIVIDUAL</b>	Passenger <b>KAREN GAUEN</b> <b>(618) 806-2205</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>
					Date of Birth	Race <b>WHITE</b>
				Address <b>2827 SUNSET LN NE</b> <b>ROCHESTER, MN 55906 , US</b>	Driver License Number <b>STATE: MINNESOTA COUNTRY: UNITED STATES</b>	
<b>Safety Equipment</b>						
<b>02</b>	<b>003</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>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				

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CRASH REPORT

<b>UNIT</b>	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>02</b>	<b>003</b>	