

6TL0B4X4LD

19-07909

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 19-07909	Investigating Officer/Deputy DEPUTY E. KNULL	
Crash Date 06/30/2019		Crash Time 04:23 PM	Date Arrived 06/30/2019	Time Arrived 04:29 PM	
Date Notified 06/30/2019		Time Notified 04:23 PM	Total Units 02	Total Injured 01	Total Killed 00
<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 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 STOPPED AT STOP SIGN ON MIRROR LAKE RD AND ENTERED THE INTERSECTION TURNING WB ON STH 33. OPERATOR OF UNIT 1 STATED SHE DID NOT SEE UNIT 2. UNIT 2 STRUCK THE TRAILER UNIT 1 WAS PULLING. TRAILER THEN CAME DISCONNECTED FROM UNIT 1. UNIT 1 DID NOT SUSTAIN ANY DAMAGE. TRAILER DID SUSTAIN FUNCTIONAL DAMAGE AND WAS REMOVED BY OWNER. UNIT 2 OPERATOR SUSTAINED POSSIBLE SERIOUS INJURY AND WAS TRANSPORTED BY EMS. UNIT 2 SUSTAINED DISABLING DAMAGE AND WAS REMOVED BY MIKES TOWING.

Location

INTERSECTION ON STH33 EB AT MIRROR LAKE RD IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude 43.525228275	Longitude -89.837265412
	X Coordinate 270713.75	Y Coordinate 4823054.5
	Structure Type NO STRUCTURE	

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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) WET		Roadway Factor(s) NONE	
Environment Factor(s) NONE			
Weather Condition(s) CLOUDY, RAIN			
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 INTERSECTION	Intersection Type FOUR-WAY INTERSECTION	
Closure Type FULL CLOSURE		Reasons for Closure	
Date Initial Lane/Rd Closed 06/30/2019	Time Initial Lane/Rd Closed 04:35 PM	TOW TRUCK, FIRE/EMS	
Date All Lanes Open 06/30/2019	Time All Lanes Open 04:55 PM	Date Scene Cleared 06/30/2019	Time Scene Cleared 05:00 PM

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 1	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel NORTHBOUND	<input type="checkbox"/> Pre Crash Tire 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					
	License Plate Number GLF450		Plate Type AUT - AUTOMOBILE	St IA	Country of Issuance UNITED STATES	
	Vehicle Identification Number LRBFXBSA7HD072193		Make BUICK	Year 2017	Model ENVISION	
	Color BLK - BLACK		Body Style 4H - HATCHBACK 4 DOOR		Bus Use NOT A BUS	
	Initial Contact Point 7--LEFT REAR CORNER		Vehicle Damage			
	Extent Of Damage NO DAMAGE		NO DAMAGE			
	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR			
	What Driver Was Doing LEFT TURN					

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UNIT VEHICLE	Driver Prior Action Other		Vehicle Factors		
	Driver Actions		NOT APPLICABLE		
	FAILED TO YIELD RIGHT-OF-WAY				
01 01	Owner Name		Owner Address		
	KEVIN JAMES HUBER (319) 624-2003		424 LAKEVIEW DR NE SOLON, IA 52333 , US		
Sequence Of Events					
01 01 02 03 04	Event	MOTOR VEH IN TRANSPORT			
	Event				
	Event				
	Event				
Policy Holder					
UNIT 01	Insurance Company		Individual		
	GEICO-GENERAL-INS-CO		SHARI HUBER		
Trailer/Towed					
UNIT TRAILER/ TOWED	Trailer Plate #	Plate Type	Make	State	Country of Issuance
	DG3102	TRL - TRAI	ALMN	IA	UNITED STATES
01	Unit Type	Individual		Address	
	UTILITY TRAILER	KEVIN JAMES HUBER (319) 624-2003		424 LAKEVIEW DR NE SOLON, IA 52333 , US	
	Vehicle Identification Number				
	1YGUS1018HB149915				
Individual					
UNIT INDIVIDUAL	Driver		Citations Issued		Sex
	SHARI ANNE HUBER (319) 624-2003		0		FEMALE
	Date of Birth		Race		WHITE
	Address		Driver License Number		
424 LAKEVIEW DR NE SOLON, IA 52333 , US		STATE: IOWA COUNTRY: UNITED STATES			
Safety Equipment		On Duty Crash	Safety Equipment		
Seat Position		SHOULDER & LAP BELT			
1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY					
Helmet Use		Helmet Compliance			
Eye Protection		Tint Compliance			
01 001	Injury	Injury Severity	Airbag		
		NO APPARENT INJURY	NON DEPLOYED		
Ejected		Ejection Path		Trapped/Extricated	
NOT EJECTED		NOT EJECTED/NOT APPLICABLE		NOT TRAPPED	
Medical Transport		EMS Agency Identifier		EMS Run #	
NOT TRANSPORTED					
Hospital		Date of Death		Time of Death	

Distracted By Source
NOT APPLICABLE (NOT DISTRACTED)

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UNIT	INDIVIDUAL	Distracted By		
		Distracted By Action NOT DISTRACTED		
		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				

Unit Summary

UNIT	02	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type AUTOMOBILE		
		Vehicle Type PASSENGER CAR	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 EASTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 55	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 CURVE RIGHT	Road Grade LEVEL		
		Truck Bus or HazMat NO				

UNIT	VEHICLE	Vehicle			
		License Plate Number 591YDS	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 1G1AD5F5XA7123637	Make CHEVROLET	Year 2010	Model COBALT
		Color RED - RED	Body Style SD - SEDAN	Bus Use NOT A BUS	
		Initial Contact Point 12--FRONT	Vehicle Damage		
		Extent Of Damage DISABLING DAMAGE	12--FRONT		

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UNIT VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By MIKES TOWING		
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors		
	Driver Prior Action Other		NOT APPLICABLE		
	Driver Actions NO CONTRIBUTING ACTION				
02 02	Owner Name LYLE G ROUSHIA (262) 880-2952		Owner Address 1304 OREGON ST RACINE, WI 53405 , US		
	Sequence Of Events				
01 02 03 04	Event MOTOR VEH IN TRANSPORT				
	Event				
	Event				
	Event				
UNIT	Policy Holder				
	Insurance Company STATE-FARM-GENERAL-INS-CO		Individual LYLE ROUSHIA		
UNIT INDIVIDUAL	Individual				
	Driver LYLE G ROUSHIA (262) 880-2952		Citations Issued 0	Sex MALE	
	Address 1304 OREGON ST RACINE, WI 53405 , US		Date of Birth	Race WHITE	
			Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
02 002	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 SUSPECTED SERIOUS INJUR	Airbag DEPLOYED-FRONT	
	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED
Medical Transport EMS GROUND		EMS Agency Identifier 6001024		EMS Run #	
Hospital REEDSBURG AREA MED CTR		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	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			
	02	002		