

6TL09JDKXX

19-09303

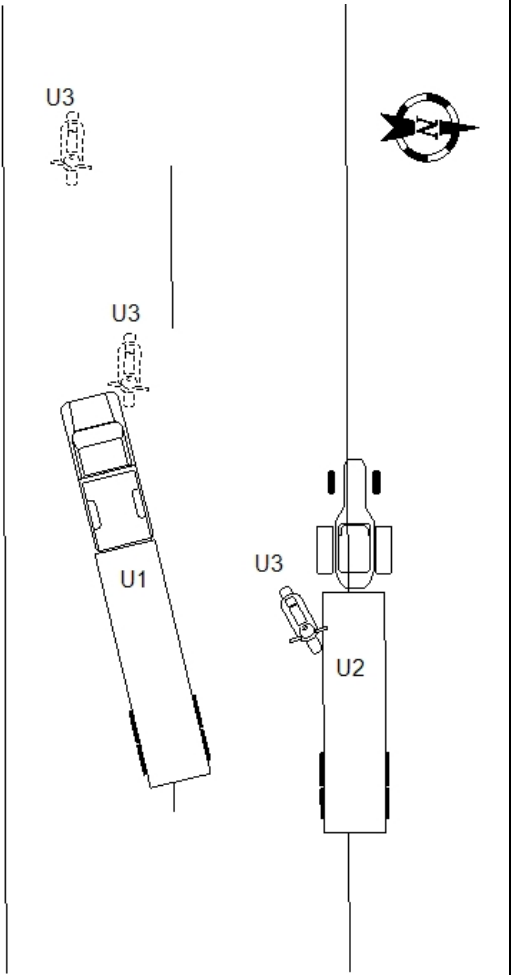
WISCONSIN MOTOR VEHICLE CRASH REPORT

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 19-09303	Investigating Officer/Deputy DEPUTY B. SCHLOUGH	
Crash Date 07/27/2019		Crash Time 02:00 PM	Date Arrived 07/27/2019	Time Arrived 02:17 PM	
Date Notified 07/27/2019		Time Notified 02:02 PM	Total Units 03	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 checked="" 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  <p>DRAWING NOT TO SCALE</p>	Reconstruction By
	Photos By DEPUTY BREUNIG AND DEPUTY SCHLOUGH
	Additional Information PHOTOS

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

UNIT 1 LEFT A PARKED POSITION BEHIND UNIT 2 TRAVELING W/B ON CTH N. UNIT 2 WAS DISABLED ON THE W/B SHOULDER FACING WEST. UNIT 1 CROSSED OVER THE DOUBLE YELLOW CENTER LINE. UNIT 3 WAS TRAVELING E/B ON CTH N. UNIT 3 SIDESWIPE UNIT 1 AND THEN STRUCK UNIT 2 AT AN ANGLE. UNIT 1 CAME TO REST IN THE MIDDLE OF THE ROADWAY AND UNIT 2 REMAINED IN IT'S ORIGINAL POSITION. UNIT 3 CAME TO REST IN THE ROADWAY FACING EAST.

Location

ON CTHN WB 0.58 MI W OF STH130 NB IN THE TOWN OF BEAR CREEK IN SAUK COUNTY	Latitude 43.330907143	Longitude -90.190171404
	X Coordinate 241366.15625	Y Coordinate 4802506
	Structure Type	

6TL09JDKXX

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Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 06--SIDESWIPE/OPPOSITE DIRECTION		Light Condition DAYLIGHT	
Road Surface Condition(s) DRY		Roadway Factor(s) NONE	
Environment Factor(s) NONE			
Weather Condition(s) CLEAR			
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 NON-JUNCTION	Intersection Type NOT AN INTERSECTION	
Closure Type FULL CLOSURE		Reasons for Closure	
Date Initial Lane/Rd Closed 07/27/2019	Time Initial Lane/Rd Closed 02:02 PM	LAW ENFORCEMENT, FIRE/EMS, MED FLIGHT	
Date All Lanes Open 07/27/2019	Time All Lanes Open 04:30 PM	Date Scene Cleared 07/27/2019	Time Scene Cleared 04:35 PM

Unit Summary

UNIT	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type TRUCK		
	Vehicle Type UTILITY TRUCK/PICKUP TRUCK		Operating As Endorsements		
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 1	Total Trailers 1	Total HazMat Types 0
	Insurance? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre Crash Tire 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 STRAIGHT	Road Grade UPHILL	
	Truck Bus or HazMat TRUCK OR TRUCK COMBINATION > 10,000LBS GVWR/GCWR				

UNIT	VEHICLE	Vehicle			
		License Plate Number GF5444	Plate Type LTK - LIGHT TRUCK	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 3D7KS29C16G174021	Make DODGE	Year 2006	Model RAM 2500 M
		Color GRY - GRAY	Body Style PK - PICKUP		Bus Use NOT A BUS
		Initial Contact Point 1--RIGHT FRONT CORNER	Vehicle Damage		
		Extent Of Damage MINOR DAMAGE	1--RIGHT FRONT CORNER, 12--FRONT		
		Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR		
		What Driver Was Doing LEAVING A PARKED POSITION			

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UNIT VEHICLE	Driver Prior Action Other		Vehicle Factors NOT APPLICABLE		
	Driver Actions FAILED TO YIELD RIGHT-OF-WAY, WRONG SIDE OR WRONG WAY				
	Owner Name KENNETH A MUELLER (608) 475-3502		Owner Address 24257 CANYON RD HILLPOINT, WI 53937 , US		
UNIT 01	Sequence Of Events				
	05	Event MOTOR VEH IN TRANSPORT			
	10	Event			
	11	Event			
UNIT 01	Policy Holder				
	Insurance Company FARMERS-INS-CO-INC		Individual KENNETH MUELLER		
UNIT 01	Trailer/Towed				
	Trailer Plate # CA61898	Plate Type TRL - TRAI	Make DOUE	State WI	Country of Issuance UNITED STATES
	Unit Type UTILITY TRAILER	Individual KENNETH A MUELLER (608) 475-3502			Address 24257 CANYON RD HILLPOINT, WI 53937 , US
UNIT TRAILER/ TOWED	Vehicle Identification Number DDS16818GYF000149				
UNIT INDIVIDUAL	Individual				
	Driver KENNETH A MUELLER (608) 475-3502		Citations Issued 1		Sex MALE
	Address 24257 CANYON RD HILLPOINT, WI 53937 , US		Date of Birth STATE: WISCONSIN COUNTRY: UNITED STATES		
	Driver License Number		Race WHITE		
UNIT 01	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 NO APPARENT INJURY	Airbag NON DEPLOYED	
UNIT 001	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED
	Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #
	Hospital		Date of Death		Time of Death
	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)				

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UNIT	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				
Violations				
UTC Number BB954725	Issue To? 001	Statute Number 346.57(2)	Description FAILURE TO KEEP VEHICLE UNDER CONTROL	
Carrier				
<input checked="" type="checkbox"/>	Use Vehicle Owner Same as Carrier		Source DRIVER	
Name KENNETH A MUELLER	Address 24257 CANYON RD HILLPOINT, WI 53937 , US			
GVWR 10,000 LBS OR LESS	Vehicle Configuration VEHICLE PULLING TRAILERS		Cargo Body Type NOT APPLICABLE - (MOTOR VEHICLE 10,000	
US DOT #	Carrier Type OTHER OPERATION/NOT SPECIFIED		Permitted Load NOT APPLICABLE	
<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	

Unit Summary

UNIT	Unit Status IN TRANSIT	Vehicle Operating As Classification M CLASS		Unit Type MOTORCYCLE		
	Vehicle Type MOTORCYCLE			Operating As Endorsements		
UNIT	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 Crash Tire 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	

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Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade DOWNHILL	
Truck Bus or HazMat NO					
Vehicle					
02	03	License Plate Number 5713F		Plate Type CYC - CYCLE	St WA
		Country of Issuance UNITED STATES		Year 2010	Model FLHX
02	03	Vehicle Identification Number 1HD1KB411AB665667		Make HARLEY DAVIDSON	
		Color MAR - MAROON (BURGUNDY)		Body Style MC - MOTORCYCLE	
UNIT	VEHICLE	Initial Contact Point 12--FRONT		Bus Use NOT A BUS	
		Extent Of Damage FUNCTIONAL DAMAGE		Vehicle Damage ALL AREAS	
UNIT	VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By	
		What Driver Was Doing GOING STRAIGHT		Vehicle Factors OTHER DISABLED	
02	03	Driver Prior Action Other		Driver Actions NO CONTRIBUTING ACTION	
		Owner Name RANDY L SEBRANEK (608) 574-1526		Owner Address 513 S ASH ST LONE ROCK, WI 53556 , US	
Sequence Of Events					
UNIT	01	Event MOTOR VEH IN TRANSPORT			
	02	Event PARKED MOTOR VEHICLE			
	08	Event			
	09	Event			
Policy Holder					
UNIT	Insurance Company PROGRESSIVE-ADVANCED-INSURANCE-CO			Individual RANDY SEBRANEK	
	Individual				
UNIT	INDIVIDUAL	Driver RANDY L SEBRANEK (608) 574-1526		Citations Issued 0	Sex MALE
		Date of Birth		Race WHITE	
UNIT	INDIVIDUAL	Address 513 S ASH ST LONE ROCK, WI 53556 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
		Safety Equipment		Protective Gear GLOVES, BOOTS, LONG PANTS	
On Duty Crash		Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY			

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02	003	Helmet Use NO	Helmet Compliance UNKNOWN		
		Eye Protection YES: WORN	Tint Compliance NO		
		Injury	Injury Severity SUSPECTED SERIOUS INJUR	Airbag NOT APPLICABLE	
		Ejected NOT APPLICABLE	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED	
		Medical Transport EMS GROUND	EMS Agency Identifier 6001155	EMS Run #	
		Hospital UW HEALTH-AMERICAN CENTER	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	
		Prior Action			
UNIT	INDIVIDUAL	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

03	UNIT	Unit Status ILLEGALLY PARKED	Vehicle Operating As Classification O CLASS	Unit Type EQUIPMENT			
		Vehicle Type FARM TRACTOR/SELF PROPELLED	Operating As Endorsements				
		Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 1	Total HazMat Types 0	
		Insurance? NO	Direction Of Travel WESTBOUND	<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 STRAIGHT	Road Grade UPHILL		
		Truck Bus or HazMat NO					

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03 UNIT VEHICLE	Vehicle			
	License Plate Number	Plate Type	St	Country of Issuance
	Vehicle Identification Number RW8100P011427	Make JOHN DEERE	Year 1993	Model 8100
	Color GRN - GREEN	Body Style TC - TRACTOR	Bus Use NOT A BUS	
	Initial Contact Point 12--FRONT	Vehicle Damage		
	Extent Of Damage FUNCTIONAL DAMAGE	ALL AREAS		
	Towed Due To Damage NOT TOWED	Vehicle Removed By OWNER		
	What Driver Was Doing ILLEGALLY PARKED	Vehicle Factors		
	Driver Prior Action Other	NOT APPLICABLE		
	Driver Actions NO CONTRIBUTING ACTION			
03 UNIT VEHICLE	Owner Name KENNETH A MUELLER (608) 604-5067	Owner Address 24269 MUELLER LN HILLPOINT, WI 53937 , US		
	Sequence Of Events			
03 UNIT TRAILER/ TOWED	01 Event MOTOR VEH IN TRANSPORT			
	02 Event			
	03 Event			
	04 Event			
03 UNIT TRAILER/ TOWED	Trailer/Towed			
	Trailer Plate #	Plate Type	Make DEER	State
	Country of Issuance			
03 UNIT INDIVIDUAL	Unit Type EQUIPMENT	Individual KENNETH A MUELLER (608) 604-5067		Address 24269 MUELLER LN HILLPOINT, WI 53937 , US
	Vehicle Identification Number RW8100P011427			
	Individual			
03 UNIT INDIVIDUAL	Driver ANDREW C MUELLER (608) 585-3451	Citations Issued 0	Sex MALE	
		Date of Birth	Race WHITE	
	Address 24269 MUELLER LN HILLPOINT, WI 53937 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
	Safety Equipment			
On Duty Crash	Safety Equipment			
Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY	NONE USED - VEHICLE OCCUPANT			
Helmet Use	Helmet Compliance			

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03	002	Eye Protection		Tint Compliance			
		Injury		Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED		
		Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED	
		Medical Transport NOT TRANSPORTED			EMS Agency Identifier		EMS Run #
		Hospital			Date of Death		Time of Death
		Distracted By		Distracted By Source			
		Distracted By Action NOT DISTRACTED					
		Non Motorist		Striking Unit #		Location	
		Prior Action					
		Action					
03	002	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					

Witness

WITN ESS 01	Individual DE ETTE R HUNTER (608) 574-5553		Address 313 N GROVE ST BARNEVELD, WI 53507 , US		Date of Birth