# WISCONSIN MOTOR VEHICLE CRASH REPORT

	Document Number Override Primary Cra			Document # Agency Crash Number 19-09480			mber	Investigating Officer/Deputy  DEPUTY W. NEUBAUER				
۵	Crash Date		Crash Time	07:10 PM 07/31/2019		rived		Time Arrived 07:39 PM				
JCCOGO.	<b>07/31/2019</b> Date Notified		Time Notified					d Total Killed				
3	07/31/2019 0		07:16 PM			1		00	00			
ב   	On Emergency	Hit	and Run	Lane Closu			k Zone	Trailer	or To	wed		eporting hreshold
	Government Property	Active Sc	School Bus Related NO Tags									
	<b>✓</b> Reportable		Crash Type DT4000 (STA	ANDARD CRASH)					ded Secondary Crash			
Ī	Description											
	Diagram			FARM FIEL	LD EN	NTRA	NCE			os By . <b>W. NEU</b>		#9140
									Additi <b>NON</b>	ional Inforn IE, PHOT	nation OS	
				CO	UNT	Y RD	В					
	NOT TO SCALE											
	, a sworn law enfor	rceme	nt officer, agre	e that I have no	t added	l any CJI	S data in this	report.				
	UNIT 1 WAS TRAVELING W/B ON CTH B WITH AN EMPTY FARM TRAILER. UNIT 2 WAS ALSO TRAVELING W/B ON CTH B. UNIT 1 ENTERED E/B LANE WITH HAZARD LIGHTS ON. UNIT 2 STAYED IN W/B LANE. UNIT 1 RE-ENTERED W/B LANE AND ATTEMPTED TO TURN RIGHT ONTO A FIELD DRIVE. UNIT 2 COLLIDED WITH UNIT 1, LEFT THE ROADWAY AND CAME TO REST IN THE FIELD. UNIT 1 STATED HE NEEDED TO SWING WIDE TO MAKE THE TURN WITH TRAILER AND ADMITTED TO NOT SIGNALING TURN OR CHECKING MIRRORS PRIOR TO TURNING. UNIT 2 SUSTAINED DISABLING DAMAGE DUE TO COLLISON AND UNDERCARRIAGE DAMAGE. ALL OCCUPENTS WORE SAFETY RESTRAINTS AND DENIED INJURY.											
	Location  ON CTHB WB						Latitude			Longitud	e	
	326 FT E OF HAUSNER RD						43.250327145	<b>i</b>		-89.876	871881	
	IN THE TOWN OF TRO'	Υ					X Coordinate <b>266458.9375</b>			Y Coordi <b>479263</b>		
							Structure Type NO STRUCTURE					

**Crash Scene** 

# WISCONSIN MOTOR VEHICLE CRASH REPORT

]	First	Harmful Event		First Harmful Event Location							
	MO	TOR VEH IN TRANSP	ORT	ON ROADWAY							
	Manı	ner of Collision				Light Condition					
	05	SIDESWIPE/SAME D	IRECTION			DAYLIGHT					
	Road	d Surface Condition(s)		Roadway Factor(s)							
	DRY	(									
	Envi	ronment Factor(s)				NONE					
	NON										
	Wea	ther Condition(s)				-					
	CLE										
	Anim	nal Type			Γο Trafficwa CWAY - C	=					
	Cras	h Classification - Location	1			Crash Cla	ssification -	- Jurisdiction			
	PUE	BLIC PROPERTY				NO SPE	CIAL JUF	RISDICTION			
	Triba	al Land				Access C	ontrol			Special Study	
						NO CON	ITROL				
		in Interchange Area	Junction Location		Intersection	,,	OTION				
	NO		NON-JUNCTION		NOT AN	INTERSE	CHON				
		t Summary $\blacksquare$									
		Status			erating As C	lassificatior	1	Unit Type			
		RANSIT		D CLASS				TRUCK Operating As Endorsements			
01		cle Type	TRUCK					Operating F	AS Endorser	ments	
_	Total Occs Train/Bus # Recorded			Total # Cita	tions Issued	1	Total Trai	ilers	Total Haz	:Mat Types	
	2			1	ilions issued		1	0		••	
	Insurance? Direction Of Travel				CrashTire		Speed Lii	mit	Total Lan	es	
_	YES WESTBOUND				Mark	•	55		2		
UNIT		Harmful Event: Collision	Special Fur		TION		Emergency				
		TOR VEH IN TRANSP		IAL FUNC	TION		NOT APP				
		ic Way <b>D-WAY, NOT DIVIDE</b> [	)	Traffic Conf				NO	ioi mopera	tive/Missing	
		ace Type		Road Curva				Road Grade	9		
		CKTOP (BITUMINOU	JS)	STRAIGH			DOWNHILL				
		k Bus or HazMat	<u>,                                      </u>								
	NO										
	,	Vehicle									
		License Plate Number		Plate Type	)		St	Country of Is	suance		
		230165F		LTK - LIC	SHT TRUC	K	WI	UNITED S	TATES		
2	5	Vehicle Identification Nu		Make			Year	Model			
٥	0	1GCHK34215E1804	64	CHEVRO			2005	SILVERAD	00		
		Color TAN - TAN		Body Style PK - PIC				Bus Use NOT A BU	s		
	ш	Initial Contact Point		Vehicle Da							
╘	딩	1RIGHT FRONT CO	ORNER								
LIND	VEHICL	Extent Of Damage		1RIGH	FRONT (	CORNER,	12FRO	NT			
	>	FUNCTIONAL DAMA									
		Towed Due To Damage	emoved By								
	NOT TOWED OPERATOR										
		What Driver Was Doing RIGHT TURN		Vehicle Fa	ICTOIS						
		Driver Prior Action Other	,	NOT API	PLICABLE						
		<u>l</u>		<u> </u>							

## WISCONSIN MOTOR VEHICLE CRASH REPORT

<b>=</b>	Driver Actions IMPROPER TURN, LOOKED BUT DID NOT SEE											
UNIT	VEHICLE											
10	10	Owner Name HAUSER FARMS				Owner Address E8985 CTH B SAUK CITY, WI 53583, US						
		Sequence Of Ev	onto									
		Event										
	01	MOTOR VEH IN TR	MOTOR VEH IN TRANSPORT									
	02	Event CROSS CENTERLINE										
	03	Event RIGHT TURN										
	04	Event										
_	i	Policy Holder										
LIND		Insurance Company					on/Company					
		SECURA-INS-A-MU	JTUAL-	·co		HAUSER FARMS						
		Trailer/Towed  Trailer Plate #	Dioto	Туре	Make		0	0	to at lancar			
5			Plate		UNK		State		try of Issuance			
╘	ED/	Unit Type UTILITY TRAILER		HA HA	anization/Company USER FARMS				5 CTH B			
LIND	TRAILER/ TOWED	Vehicle Identification N	umber					SAU	K CITY, WI 53583 , US			
	i	ndividual										
		Driver			Citations Issued			Sex				
	AL	ANDREW J JOHNSON (608) 448-7436			Date of Bi			MALE Race				
<b>-</b>	NDIVIDUAL				WHITE							
LIND	N	Address 1031 JEFFERSON	eт			Driver License Number						
	Ξ	WISCONSIN RAPID		54495 ,	us	STATE: WISCONSIN COUNTRY: UNITED STATES						
	Sof	ioty Equipment	On Duty	Crash		Safety Equipment						
	Sai	Seat Position				SHOTH L	NED & I AD BELT					
		1FRONT SEAT-LE	EFT SI	DE (DRIV	ER/MOTORCY	SHOULDER & LAP BELT						
		Helmet Use				Helmet Co	ompliance					
		Eye Protection				Tint Comp	liance					
_	Ξ		Injury Se	verity		Airbag						
6	9	Injury	NO AP			NON DE	PLOYED					
		Ejected		Ejection F		LICARI E			Trapped/Extricated NOT TRAPPED			
	NOT EJECTED NOT EJECTED/NOT APP  Medical Transport					ncy Identifier		EMS Run #				
		NOT TRANSPORTE	ED									
		Hospital				Date of De	eath		Time of Death			
		Distracted By	Distracte NOT A	ed By Sour PPLICAE	ce BLE (NOT DISTRA	CTED)						
		Distracted By Action NOT DISTRACTED										

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

								` '			
		Non Motorist	ing Unit #	Location							
		Prior Action									
LINO	INDIVIDUAL	Action									
		Action Other						To/From School			
	ı	Susp Drug & Alcohol NO	ected Alcohol U	Jse	Suspected Drug Use NO						
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	<u> </u>		Alcohol Test Results				
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results					
1	2	Drug Type									
01	00										
		Individual Condition  APPEARED NORMAL									
	1	Individual									
		Passenger TREVOR L WAMPOLE			Citations Issued  0		Sex MALE				
_	DOA	(608) 553-1073			Date of Birth		Race WHITE				
TINO	INDIVIDUAL	Address E8985 CTH B PLAIN, WI 53577 , US			Driver License Number STATE: WISCONSIN	N COUNTRY: UN	ITED STATES				
	On Duty Crash				Safety Equipment						
	Sai	fety Equipment Seat Position			SHOULDER & LAP BELT						
		3FRONT SEAT-RIGHT Helmet Use	T SIDE (TRAI	N ENGINEER	Helmet Compliance						
		Eye Protection									
1					Tint Compliance						
01	005	Injury NO	/ Severity <b>APPARENT I</b> I	NJURY	Airbag NON DEPLOYED						
		Ejected NOT EJECTED	Ejection Pa		LICABLE		Trapped/Extricated NOT TRAPPED				
		Medical Transport  NOT TRANSPORTED			EMS Agency Identifier		EMS Run #				
		NOT TRANSPORTED  Hospital			Date of Death Time of Death						
		Distracted By Distracted	acted By Source	9			l				
		Distracted By Action									
		Striki	ing Unit #	Location							
		Non Motorist Prior Action	-								
		I HOI ACION									

Wisconsin Motor Vehicle Crash

Form DT4000

# WISCONSIN MOTOR VEHICLE CRASH REPORT

													<u> </u>
UNIT	INDIVIDUAL	Action Other To/From School											
		Action Other					To/From School						
			Sus	pected Alcohol l	Jse		Suspected Drug Use						
		Drug & Alcohol	NO				NO						
		Alcohol Test Given TEST NOT GIVEN			Alcohol Test Ty	ype				Alcohol Test Results			
		Drug Test Given TEST NOT GIVEN			Drug Test Type	е		Drug <sup>-</sup>	Test Results				
01	002	Drug Type											
		Individual Condition											
		APPEARED NORMAL											
	,	Violations											
	5	UTC Number AD980071	lssu <b>00</b> 1	- 4	tute Number 6.34(1)(b)		Description FAIL TO SIGNAL TU	RN					
		t Summary •											
	Unit Status					Ve	hicle Operating As Classit	fication	1	Unit Type			
	IN TRANSIT					D	CLASS			AUTOMO			
02	Vehicle Type PASSENGER CAR							Operating A	s Endorsen	nents			
	Tota	I Occs		Train/Bus # Re	ecorded		Total # Citations Issued Total Traile			ers	Total Hazi	Mat Types	
	2 Insur	rance?		Direction Of Tr	avel	0	0			it	<b>0</b> Total Lane	25	
⊨	YES			WESTBOUN			Mark 55			2			
UNIT	Most DIT(	Harmful Event: Collisi	on Wi	ith			Special Function NO SPECIAL FUNCTION			Emergency NOT APP	Motor Vehice LICABLE	cle Use	
		ic Way				Tra	affic Control	Traffic Control Inoperative/Missing					
		D-WAY, NOT DIVID	ED				NO CONTROL			NO			
		ace Type ACKTOP (BITUMIN)	วบรา	)			Road Curvature STRAIGHT			Road Grade DOWNHILL			
	Truc	k Bus or HazMat	/	•		1				1			
	NO,	Vehicle											
		License Plate Numbe	r			PI	late Type		St	Country of Is	suance		
		778ZHT					UT - AUTOMOBILE		WI	UNITED S	TATES		
05	02	Vehicle Identification 1G1PK5S90B7263					ake HEVROLET		Year <b>2011</b>	Model CRUZE			
		Color RED - RED					ody Style <b>D - SEDAN</b>			Bus Use NOT A BU	s		
	щ	Initial Contact Point					ehicle Damage						
UNIT	VEHICL	11LEFT FRONT  Extent Of Damage	COR	NER			RIGHT FRONT COR			SIDE FROM	IT, 11LE	FT FRON	T CORNER,
_	VE.	DISABLING DAMA	AGE			12	2FRONT, UNDERCA	RRIA	.GE				
		Towed Due To Dama TOWED DUE TO I	_	BI ING DAM	\GE		ehicle Removed By	ıv					
		What Driver Was Doir		PENAG DAMA	NUL		ehicle Factors						
		GOING STRAIGHT				<u> </u>	OT ADDITIONS E						
		Driver Prior Action Ot	her			IN	NOT APPLICABLE						

## WISCONSIN MOTOR VEHICLE CRASH REPORT

LINO	VEHICLE										
02	02	Owner Name JARED RAY JEWELI (608) 588-5049	L		Owner Address S9592 RIM LN PLAIN, WI 53577 , US						
	,	Sequence Of Eve	nts								
	01	Event MOTOR VEH IN TRA	NSPORT								
	02	Event RUN OFF ROADWAY RIGHT									
	03	Event DITCH									
	04	Event									
╘	Policy Holder										
UNIT		Insurance Company RURAL-MUTUAL-INS	S-CO-(ATTN:-CI	LAIMS-DEPT)	Individual JARED JEWELL						
	i	Individual									
		Driver JARED RAY JEWELL			Citations Issued	Sex					
	AL	(608) 588-5049	L		Date of Birth	MALE Race					
_	חם	,			Date of Birth	WHITE					
L N	INDIVIDUAL	Address			Driver License Number						
	IND	\$9592 RIM LN   PLAIN, WI 53577 , US			STATE: WISCONSIN COUNTRY: UNITED STATES						
	Saf	fety Equipment	n Duty Crash		Safety Equipment						
	Jai	Seat Position			SHOULDER & LAP BELT						
		1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY			ONOGENERAL BEET						
		Helmet Use			Helmet Compliance						
		Eye Protection			Tint Compliance						
02	003	Inj	ury Severity		Airbag						
0	ŏ		O APPARENT II	NJURY	NON DEPLOYED						
		Ejected  NOT EJECTED	Ejection Pa	<sup>th</sup> CTED/NOT APPL	ICARI E	Trapped/Extricated NOT TRAPPED					
		Medical Transport	NOTESE	CIED/NOT APPL	EMS Agency Identifier	EMS Run #					
		NOT TRANSPORTED	)								
	Hospital				Date of Death	Time of Death					
	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)										
		Distracted By Action NOT DISTRACTED									
		Non Motorist Str	riking Unit #	Location							
		Prior Action									

# WISCONSIN MOTOR VEHICLE CRASH REPORT

		Action									
	INDIVIDUAL										
⊨	JU										
LNO	1										
$\supset$	$\leq$										
	Z										
		Action Other					To/From School				
		Suspecte	ed Alcohol Use	Suspected Drug Use							
	L	Drug & Alcohol NO		NO							
		Alcohol Test Given	Alcohol Test Type	;		Alcohol Test Results					
		TEST NOT GIVEN									
		Drug Test Given	Drug Test Type	g Test Type							
		TEŠT NOT GIVEN									
~	3	Drug Type	1								
05	003										
		Individual Condition									
		APPEARED NORMAL									
		AFFEARED NORMAL									
		ndividual									
		Passenger		Citations Issued		Sex					
		DEREK MICHAEL KRAEM	IER	0		MALE					
	AL	(608) 574-3901		Date of Birth		Race					
	INDIVIDUAL	. ,		Date of Birth		WHITE					
LNO	1	Address		Driver License Number							
5	D	1535 HONEY CREEK DR		Driver License Number							
	Z	PLAIN, WI 53577 , US		STATE: WISCONSII	N COUNTRY: UN	IITED STATES					
		On Duty	Crash	Safety Equipment							
	Saf	ety Equipment	Ciuon	Caroty Equipmont							
		Seat Position		SHOULDER & LAP BELT							
		3FRONT SEAT-RIGHT S	IDE (TRAIN ENGINEER								
		Helmet Use	IDE (TRAIN ENGINEER	Helmet Compliance							
		Heimet 036		Thermet Compilance							
		Eye Protection		Tint Compliance							
				Tint Compilance							
<b>~</b> .	4	Injury Se	everity	Airbag							
02	004		PARENT INJURY	NON DEPLOYED							
			Ejection Path			Trapped/Extricated					
			NOT EJECTED/NOT APPL	LICABLE		NOT TRAPPED					
		Medical Transport		EMS Agency Identifier		EMS Run #					
		NOT TRANSPORTED									
		Hospital		Date of Death		Time of Death					
		·				1					
	Distracted By Source										
		Distracted By									
	Distracted By Action										
		Striking l	Unit # Location								
		Non Motorist									
		Prior Action	L.								
				-							

## WISCONSIN MOTOR VEHICLE CRASH REPORT

		Action					
		Action					
	AL						
<b>—</b>	'n						
늘	₽						
UNIT	2						
	INDIVIDUAL						
	=						
		Action Other					To/From School
		Suspected Alcohol L	lse	Suspected Drug Use			
	L	Drug & Alcohol NO		NO			
		Alcohol Test Given	Alcohol Test Type			Alcohol Test Results	
		TEST NOT GIVEN					
		Drug Test Given	Drug Test Type		Drug Test Results		
		TEST NOT GIVEN					
~	4	Drug Type					
02	004						
		Individual Condition					
		APPEARED NORMAL					