

6TL0B655PB

19-09480

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 19-09480	Investigating Officer/Deputy DEPUTY W. NEUBAUER	
Crash Date 07/31/2019		Crash Time 07:10 PM	Date Arrived 07/31/2019	Time Arrived 07:39 PM	
Date Notified 07/31/2019		Time Notified 07:16 PM	Total Units 02	Total Injured 00	Total Killed 00
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input 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 <p>FARM FIELD ENTRANCE</p> <p>COUNTY RD B</p> <p>NOT TO SCALE</p>	Reconstruction By
	Photos By DEP. W. NEUBAUER #9140
	Additional Information NONE, PHOTOS

I, a sworn law enforcement officer, agree that I have not added any CJIS 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 COLLISION AND UNDERCARRIAGE DAMAGE. ALL OCCUPANTS WORE SAFETY RESTRAINTS AND DENIED INJURY.

Location

ON CTHB WB 326 FT E OF HAUSNER RD IN THE TOWN OF TROY IN SAUK COUNTY	Latitude 43.250327145	Longitude -89.876871881
	X Coordinate 266458.9375	Y Coordinate 4792633
	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 05--SIDESWIPE/SAME 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	

Unit Summary

UNIT 01	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type TRUCK	
	Vehicle Type UTILITY TRUCK/PICKUP TRUCK				Operating As Endorsements	
	Total Occs 2	Train/Bus # Recorded	Total # Citations Issued 1	Total Trailers 1	Total HazMat Types 0	
	Insurance? YES	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 DOWNHILL	
	Truck Bus or HazMat NO					

UNIT 01	Vehicle					
	License Plate Number 230165F		Plate Type LTK - LIGHT TRUCK	St WI	Country of Issuance UNITED STATES	
	Vehicle Identification Number 1GCHK34215E180464		Make CHEVROLET	Year 2005	Model SILVERADO	
	Color TAN - TAN		Body Style PK - PICKUP		Bus Use NOT A BUS	
	Initial Contact Point 1--RIGHT FRONT CORNER		Vehicle Damage			
	Extent Of Damage FUNCTIONAL DAMAGE		1--RIGHT FRONT CORNER, 12--FRONT			
	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR			
	What Driver Was Doing RIGHT TURN		Vehicle Factors NOT APPLICABLE			
Driver Prior Action Other						

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	VEHICLE	Driver Actions IMPROPER TURN, LOOKED BUT DID NOT SEE					
		Owner Name HAUSER FARMS	Owner Address E8985 CTH B SAUK CITY, WI 53583 , US				
01	01	Sequence Of Events					
UNIT	01	Event MOTOR VEH IN TRANSPORT					
	02	Event CROSS CENTERLINE					
	03	Event RIGHT TURN					
	04	Event					
UNIT	01	Policy Holder					
		Insurance Company SECURA-INS-A-MUTUAL-CO	Organization/Company HAUSER FARMS				
UNIT	01	Trailer/Towed					
		Trailer Plate #	Plate Type	Make UNK	State	Country of Issuance	
UNIT	TRAILER/ TOWED	Unit Type UTILITY TRAILER	Organization/Company HAUSER FARMS	Address E8985 CTH B SAUK CITY, WI 53583 , US			
		Vehicle Identification Number					
UNIT	INDIVIDUAL	Individual					
		Driver ANDREW J JOHNSON (608) 448-7436	Citations Issued 1	Sex MALE			
		Date of Birth		Race WHITE			
		Address 1031 JEFFERSON ST WISCONSIN RAPIDS, WI 54495 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES			
UNIT	001	Safety Equipment		On Duty Crash		Safety Equipment	
		Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		SHOULDER & LAP BELT			
		Helmet Use		Helmet Compliance			
		Eye Protection		Tint Compliance			
UNIT	001	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 NOT APPLICABLE (NOT DISTRACTED)					
		Distracted By Action NOT DISTRACTED					

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	INDIVIDUAL	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	INDIVIDUAL	Individual			
Passenger TREVOR L WAMPOLE (608) 553-1073				Citations Issued 0	Sex MALE		
				Date of Birth	Race WHITE		
Address E8985 CTH B PLAIN, WI 53577 , US				Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES			
Safety Equipment				On Duty Crash	Safety Equipment		
Seat Position 3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER				SHOULDER & LAP BELT			
Helmet Use				Helmet Compliance			
Eye Protection				Tint Compliance			
UNIT	INDIVIDUAL			Injury		Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED
				Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE	
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #	
		Hospital		Date of Death		Time of Death	
		Distracted By					
		Distracted By Source					
		Distracted By Action					
		Non Motorist		Striking Unit #	Location		
		Prior Action					

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	INDIVIDUAL	Action				
		Action Other			To/From School	
	01	002	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			
	01	Violations				
		UTC Number AD980071	Issue To? 001	Statute Number 346.34(1)(b)	Description FAIL TO SIGNAL TURN	

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 2	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	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 DITCH		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 DOWNHILL		
		Truck Bus or HazMat NO						

Vehicle

UNIT	02	VEHICLE	License Plate Number 778ZHT				Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
			Vehicle Identification Number 1G1PK5S90B7263027			Make CHEVROLET	Year 2011	Model CRUZE	
			Color RED - RED			Body Style SD - SEDAN		Bus Use NOT A BUS	
			Initial Contact Point 11--LEFT FRONT CORNER			Vehicle Damage			
			Extent Of Damage DISABLING DAMAGE			1--RIGHT FRONT CORNER, 10--LEFT SIDE FRONT, 11--LEFT FRONT CORNER, 12--FRONT, UNDERCARRIAGE			
			Towed Due To Damage TOWED DUE TO DISABLING DAMAGE			Vehicle Removed By GEORGES AUTO BODY			
			What Driver Was Doing GOING STRAIGHT			Vehicle Factors			
			Driver Prior Action Other			NOT APPLICABLE			

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	VEHICLE	Driver Actions NO CONTRIBUTING ACTION		
		Owner Name JARED RAY JEWELL (608) 588-5049	Owner Address S9592 RIM LN PLAIN, WI 53577 , US	
02	02	Sequence Of Events		
UNIT	01	Event MOTOR VEH IN TRANSPORT		
	02	Event RUN OFF ROADWAY RIGHT		
	03	Event DITCH		
	04	Event		
UNIT	Policy Holder			
	Insurance Company RURAL-MUTUAL-INS-CO-(ATTN:-CLAIMS-DEPT)	Individual JARED JEWELL		
UNIT	Individual			
	INDIVIDUAL	Driver JARED RAY JEWELL (608) 588-5049	Citations Issued 0	Sex MALE
			Date of Birth	Race WHITE
	Address S9592 RIM LN PLAIN, WI 53577 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
02	003	Safety Equipment	On Duty Crash	Safety Equipment SHOULDER & LAP BELT
		Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		
		Helmet Use	Helmet Compliance	
		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 NOT APPLICABLE (NOT DISTRACTED)		
	Distracted By Action NOT DISTRACTED			
	Non Motorist	Striking Unit #	Location	
	Prior Action			

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CRASH REPORT

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			
		Individual			
		Passenger DEREK MICHAEL KRAEMER (608) 574-3901	Citations Issued 0	Sex MALE	
		Address 1535 HONEY CREEK DR PLAIN, WI 53577 , US	Date of Birth		
	Race WHITE				
	Driver License Number	STATE: WISCONSIN COUNTRY: UNITED STATES			
UNIT	INDIVIDUAL	Safety Equipment	On Duty Crash	Safety Equipment	
		Seat Position 3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER	SHOULDER & LAP BELT		
		Helmet Use	Helmet Compliance		
		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			
Non Motorist	Striking Unit #	Location			
Prior Action					

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UNIT	INDIVIDUAL	Action				
		Action Other		To/From School		
	02	004	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			