

6TL09426SV

19-10821

# 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 <b>19-10821</b>	Investigating Officer/Deputy <b>DEPUTY A. KULAS</b>	
Crash Date <b>08/29/2019</b>		Crash Time <b>06:44 PM</b>	Date Arrived <b>08/29/2019</b>	Time Arrived <b>06:50 PM</b>	
Date Notified <b>08/29/2019</b>		Time Notified <b>06:46 PM</b>	Total Units <b>02</b>	Total Injured <b>01</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 checked="" 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 <p style="text-align: center;">Tyler Ave</p>	Reconstruction By
	Photos By
	Additional Information <b>NONE</b>

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

UNIT 2 WAS PARKED ALONG THE NORTH SIDE OF TYLER AVE IN THE VILLAGE OF WEST BARABOO. UNIT 1 WAS WESTBOUND WHEN THE OPERATING ADVISED HE COULD NOT SEE WELL DUE TO BRIGHT SUNLIGHT. UNIT 1 DRIFTED TOWARDS THE NORTH SIDE OF THE ROAD AND UNIT 1 COLLIDED WITH UNIT 2.

## Location

<b>ON TYLER AVE 122 FT W OF JACQUELYN DR IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY</b>	Latitude <b>43.478946969</b>	Longitude <b>-89.765375526</b>
	X Coordinate <b>276352.65625</b>	Y Coordinate <b>4817718.5</b>
	Structure Type <b>NO STRUCTURE</b>	

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## Crash Scene

First Harmful Event <b>PARKED MOTOR VEHICLE</b>		First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>NO COLLISION W/VEHICLE IN TRANSPORT</b>		Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>		Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>GLARE</b>			
Weather Condition(s) <b>CLEAR</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> 01	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>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>WESTBOUND</b>	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit <b>25</b>	Total Lanes <b>2</b>	
	Most Harmful Event: Collision With <b>PARKED MOTOR VEHICLE</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>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>					

<b>UNIT</b> 01 <b>VEHICLE</b>	<b>Vehicle</b>				
	License Plate Number <b>AFR3890</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>1G1JE5SB2F4123522</b>		Make <b>CHEVROLET</b>	Year <b>2015</b>	Model <b>SONIC LTZ</b>
	Color <b>GRY - GRAY</b>		Body Style <b>4D - 4DR</b>		Bus Use <b>NOT A BUS</b>
	Initial Contact Point <b>12--FRONT</b>		Vehicle Damage		
	Extent Of Damage <b>DISABLING DAMAGE</b>		<b>1--RIGHT FRONT CORNER, 12--FRONT</b>		
	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>MIKES TOWING</b>		
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors		
Driver Prior Action Other		<b>NOT APPLICABLE</b>			

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UNIT	VEHICLE	Driver Actions <b>NO CONTRIBUTING ACTION</b>		
		Owner Name <b>JOHN D STEINHORST (608) 963-5781</b>	Owner Address <b>815 ROSEMARY LN BARABOO, WI 53913 , US</b>	
UNIT	SEQUENCE OF EVENTS	01	Event <b>PARKED MOTOR VEHICLE</b>	
		02	Event	
		03	Event	
		04	Event	
UNIT	POLICY HOLDER	Insurance Company <b>GEICO-CASUALTY-CO</b>	Individual <b>JOHN STEINHORST</b>	
		<b>Individual</b>		
UNIT	INDIVIDUAL	Driver <b>JOHN D STEINHORST (608) 963-5781</b>	Citations Issued <b>0</b>	
		Address <b>815 ROSEMARY LN BARABOO, WI 53913 , US</b>	Sex <b>MALE</b>	
UNIT	INDIVIDUAL	Date of Birth	Race <b>WHITE</b>	
		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
UNIT	SAFETY EQUIPMENT	On Duty Crash	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
		Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>		
		Helmet Use	Helmet Compliance	
		Eye Protection	Tint Compliance	
		<b>Injury</b>	Injury Severity <b>SUSPECTED MINOR INJURY</b>	Airbag <b>DEPLOYED-FRONT</b>
		Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>
UNIT	001	Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier	
		Hospital	EMS Run #	
UNIT	001	Date of Death	Time of Death	
		<b>Distracted By</b> Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>		
UNIT	001	Distracted By Action <b>NOT DISTRACTED</b>		
		<b>Non Motorist</b>	Striking Unit #	
UNIT	001	Location		
		Prior Action		

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UNIT	INDIVIDUAL	Action			
		Action Other			To/From School
01	001	<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	Unit Status <b>LEGALLY PARKED</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				
UNIT	02	Total Occs <b>0</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>NOT ON ROADWAY</b>	<input type="checkbox"/> <b>Pre Crash Tire Mark</b>	Speed Limit <b>25</b>	Total Lanes <b>2</b>	
		Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</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>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>	Road Grade <b>LEVEL</b>		
		Truck Bus or HazMat <b>TRUCK OR TRUCK COMBINATION &gt; 10,000LBS GVWR/GCWR</b>					

UNIT	VEHICLE	<b>Vehicle</b>			
		License Plate Number <b>HD32633</b>	Plate Type <b>HTK - HEAVY TRUCK</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>1GDL7H1B1YJ519356</b>	Make <b>GENERAL MOTORS COR</b>	Year <b>2000</b>	Model <b>NO DATA FO</b>
		Color <b>RED - RED</b>	Body Style <b>CB - CAB CHASSIS</b>	Bus Use <b>NOT A BUS</b>	
		Initial Contact Point <b>6--REAR</b>	Vehicle Damage		
		Extent Of Damage <b>MINOR DAMAGE</b>	<b>6--REAR, 7--LEFT REAR CORNER</b>		
		Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By		
		What Driver Was Doing <b>LEGALLY PARKED</b>	Vehicle Factors		
		Driver Prior Action Other	<b>NOT APPLICABLE</b>		

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UNIT	VEHICLE	Driver Actions				
		Owner Name <b>INTERCON CONSTRUCTION TRUCKING INC (608) 850-4820</b>		Owner Address <b>5512 STATE RD 19 AND 113 WAUNAKEE, WI 53597 , US</b>		
02	02	<b>Sequence Of Events</b>				
	01	Event <b>MOTOR VEH IN TRANSPORT</b>				
	02	Event				
	03	Event				
	04	Event				
UNIT	BUS	<b>Policy Holder</b>				
		Insurance Company <b>TRAVELERS-CASUALTY-&amp;-SURETY-CO</b>		Organization/Company <b>INTERCON CONSTRUCTION TRUCKING INC</b>		
02	01	<input checked="" type="checkbox"/> <b>Use Vehicle Owner Same as Carrier</b>		Source <b>VEHICLE-SIDE</b>		
		Name <b>INTERCON CONSTRUCTION TRUCKING INC USDOT# 384485</b>		Address <b>5512 STATE RD 19 AND 113 WAUNAKEE, WI 53597 , US</b>		
UNIT	TRUCK	GVWR	Vehicle Configuration	Cargo Body Type		
		<b>MORE THAN 26,000 LB</b>	<b>SINGLE-UNIT TRUCK (2-AXLE AND GVWR MORE THA</b>	<b>FLATBED</b>		
		US DOT #	Carrier Type	Permitted Load		
		<b>384485</b>	<b>INTRASTATE CARRIER</b>	<b>NOT APPLICABLE</b>		
		<input type="checkbox"/> <b>OS/OW Load</b>	WI Permit Number	<input type="checkbox"/> <b>Permitted Vehicle On Permitted Route</b>	<input type="checkbox"/> <b>Escort Vehicle Required By Permit</b>	<input type="checkbox"/> <b>Escort Vehicle Present</b>
		Measured Height	Measured Length	Measured Width	Measured Weight	