

6TLOBNZM05

19-11191

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 19-11191	Investigating Officer/Deputy DEPUTY A. BREUNIG	
Crash Date 09/07/2019		Crash Time 07:32 AM	Date Arrived 09/07/2019	Time Arrived 07:39 AM	
Date Notified 09/07/2019		Time Notified 07:34 AM	Total Units 02	Total Injured 02	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 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 	Reconstruction By
	Photos By A BREUNIG
	Additional Information PHOTOS

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

UNIT 1 WAS TRAVELING WESTBOUND ON CTH P. UNIT 2 WAS TRAVELING WESTBOUND IN FRONT OF UNIT 1. UNIT 2 PULLED OVER INTO THE DRIVEWAY OF E9054. UNIT 2 ATTEMPTED TO MAKE A U-TURN. UNIT 1 SWERVED TO THE LEFT TO ATTEMPT TO AVOID THE COLLISION. UNIT 2 STRUCK THE SIDE OF UNIT 1. UNIT 1 TRAVELED OFF THE LEFT SIDE OF THE ROAD. UNIT 1 THEN TRAVELED BACK ONTO THE ROAD. UNIT 1 TRAILER OVERTURNED. UNIT 1 AND UNIT 2 CAME TO REST IN THE WESTBOUND LANE. UNIT 2 OPERATOR ADVISED THAT HE HAD MISSED HIS TURN. THE OPERATOR ADVISED THAT HE LOOKED BUT DID NOT SEE UNIT 1. THE OPERATOR ADVISED THAT HE STATED THE U-TURN WHEN THE CRASH HAPPENED.

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Location

ON E9054 CTHP WB 607 FT E OF BEAVER CREEK RD (FIRE E9054) IN THE TOWN OF DELLONA IN SAUK COUNTY	Latitude 43.590775634	Longitude -89.871202873
	X Coordinate 268222.65625	Y Coordinate 4830429
	Structure Type FIRE	

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) 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 CLOSURE-ONE DIRECTION		Reasons for Closure LAW ENFORCEMENT, TOW TRUCK, FIRE/EMS	
Date Initial Lane/Rd Closed 09/07/2019	Time Initial Lane/Rd Closed 07:39 AM		
Date All Lanes Open 09/07/2019	Time All Lanes Open 09:24 AM	Date Scene Cleared 09/07/2019	Time Scene Cleared

Unit Summary

UNIT	Unit Status IN TRANSIT	Vehicle Operating As Classification C CLASS		Unit Type TRUCK		
	Vehicle Type STRAIGHT TRUCK (INSERT TRUCK)	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 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 TRUCK OR TRUCK COMBINATION > 10,000LBS GVWR/GCWR					
	01	Vehicle				
		License Plate Number HD22679	Plate Type HTK - HEAVY TRUCK	St WI	Country of Issuance UNITED STATES	
Vehicle Identification Number 1HTSCAAP0YH240845		Make INTERNATIONAL	Year 2000	Model NO DATA FO		
Color WHI - WHITE		Body Style CB - CAB CHASSIS		Bus Use NOT A BUS		

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UNIT VEHICLE	Initial Contact Point 3--RIGHT SIDE MIDDLE	Vehicle Damage 2--RIGHT SIDE FRONT, 3--RIGHT SIDE MIDDLE, 4--RIGHT SIDE REAR, 8--LEFT SIDE REAR	
	Extent Of Damage DISABLING DAMAGE		
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By BLYSTONES TOWING	
	What Driver Was Doing GOING STRAIGHT	Vehicle Factors	
	Driver Prior Action Other	NOT APPLICABLE	
UNIT VEHICLE	Driver Actions NO CONTRIBUTING ACTION		
	Owner Name BROWN WILBERT INC	Owner Address 2280 HAMLIN AVE N ROSEVILLE, MN 55113 , US	
UNIT 01	Sequence Of Events		
	Event MOTOR VEH IN TRANSPORT		
	Event		
	Event		
	Event		
UNIT 01	Policy Holder		
	Insurance Company AMERISURE-INS-CO	Organization/Company BROWN WILBERT INC	
UNIT INDIVIDUAL	Individual		
	Driver RICK A DOBBRATZ (608) 635-6216	Citations Issued 0	Sex MALE
		Date of Birth	Race WHITE
	Address 407 E TOMLINSON ST POYNETTE, WI 53955 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
UNIT 01	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	
UNIT 001	Injury		
	Injury Severity NO APPARENT INJURY	Airbag NOT APPLICABLE	
	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
UNIT 001	Distracted By		
	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		

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UNIT INDIVIDUAL 01 001
Distracted By Action NOT DISTRACTED
Non Motorist Striking Unit # Location
Prior Action
Action
Action Other To/From School
Drug & Alcohol Suspected Alcohol Use Suspected Drug Use
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
Carrier
Use Vehicle Owner Same as Carrier Source VEHICLE-SIDE
Name BROWN WILBERT INC USDOT# 124428 Address 2280 HAMLINE AVE N ROSEVILLE, MN 55113 , US
GVWR 10,001-26,000 LBS Vehicle Configuration SINGLE-UNIT TRUCK (2-AXLE AND GVWR MORE THA Cargo Body Type FLATBED
US DOT # 124428 Carrier Type INTRASTATE CARRIER Permitted Load NOT APPLICABLE
OS/OW Load WI Permit Number Permitted Vehicle On Permitted Route Escort Vehicle Required By Permit Escort Vehicle Present
Measured Height Measured Length Measured Width Measured Weight

Unit Summary

UNIT 02
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 0 Total HazMat Types 0
Insurance? YES Direction Of Travel WESTBOUND 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

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Truck Bus or HazMat NO													
UNIT 02	Vehicle												
	<table border="1"> <tr> <td>License Plate Number EM5305</td> <td>Plate Type LTK - LIGHT TRUCK</td> <td>St WI</td> <td>Country of Issuance UNITED STATES</td> </tr> <tr> <td>Vehicle Identification Number 1C4NJDEB4CD562985</td> <td>Make JEEP</td> <td>Year 2012</td> <td>Model COMPASS LA</td> </tr> <tr> <td>Color RED - RED</td> <td>Body Style UT - SPORT UTILITY VEHICLE</td> <td colspan="2">Bus Use NOT A BUS</td> </tr> </table>	License Plate Number EM5305	Plate Type LTK - LIGHT TRUCK	St WI	Country of Issuance UNITED STATES	Vehicle Identification Number 1C4NJDEB4CD562985	Make JEEP	Year 2012	Model COMPASS LA	Color RED - RED	Body Style UT - SPORT UTILITY VEHICLE	Bus Use NOT A BUS	
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	Color RED - RED	Body Style UT - SPORT UTILITY VEHICLE	Bus Use NOT A BUS										
	Initial Contact Point 11--LEFT FRONT CORNER	Vehicle Damage 11--LEFT FRONT CORNER, 12--FRONT											
	Extent Of Damage DISABLING DAMAGE												
	Towed Due To Damage NOT TOWED	Vehicle Removed By BILLS TOWING											
	What Driver Was Doing U TURN	Vehicle Factors NOT APPLICABLE											
	Driver Prior Action Other												
Driver Actions FAILED TO YIELD RIGHT-OF-WAY, IMPROPER TURN, LOOKED BUT DID NOT SEE													
Owner Name JONATHAN MARK CHERNEY (715) 340-2866	Owner Address 2411 DONS DR PLOVER, WI 54467 , US												
UNIT 02	Sequence Of Events												
	Event MOTOR VEH IN TRANSPORT												
	Event												
	Event												
	Event												
UNIT 04	Policy Holder												
	Insurance Company AMERICAN-FAMILY-INS-CO	Individual JONATHAN CHERNEY											
	Individual												
UNIT 002	<table border="1"> <tr> <td>Driver JONATHAN MARK CHERNEY (715) 340-2866</td> <td>Citations Issued 1</td> <td>Sex MALE</td> </tr> <tr> <td></td> <td>Date of Birth</td> <td>Race WHITE</td> </tr> </table>	Driver JONATHAN MARK CHERNEY (715) 340-2866	Citations Issued 1	Sex MALE		Date of Birth	Race WHITE						
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		Date of Birth	Race WHITE										
	Address 2411 DONS DR PLOVER, WI 54467 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES											
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												

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UNIT	INDIVIDUAL	Injury		Injury Severity SUSPECTED MINOR INJURY	Airbag DEPLOYED-SIDE		
		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					
		Action					
		Action Other				To/From School	
02	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					
		Individual					
		Passenger JAMES H VAN HAREN (715) 343-0460		Citations Issued 0	Sex MALE		
		Address 2411 DONS DR PLOVER, WI 54467 , US		Date of Birth	Race WHITE		
		Driver License Number		STATE: WISCONSIN COUNTRY: UNITED STATES			
		Safety Equipment		On Duty Crash			
Seat Position 3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER		Safety Equipment SHOULDER & LAP BELT					
Helmet Use		Helmet Compliance					
Eye Protection		Tint Compliance					
02	003	Injury		Injury Severity SUSPECTED MINOR INJURY	Airbag NON DEPLOYED		
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED		

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	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					
	Action					
	Action Other			To/From School		
	Drug & Alcohol		Suspected Alcohol Use NO	Suspected Drug Use NO		
	02	003	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						
01	UTC Number AE753240	Issue To? 002	Statute Number 346.18(2)	Description FAIL/YIELD WHILE MAKING LEFT TURN		