

6TL092T5NQ

19-11287

# 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>19-11287</b>	Investigating Officer/Deputy <b>DEPUTY J. KIRKENG</b>	
Crash Date <b>09/09/2019</b>		Crash Time <b>09:29 PM</b>	Date Arrived <b>09/09/2019</b>	Time Arrived <b>09:32 PM</b>	
Date Notified <b>09/09/2019</b>		Time Notified <b>09:29 PM</b>	Total Units <b>02</b>	Total Injured <b>00</b>	Total Killed <b>00</b>
<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 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	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 TRAVELING N/B ON W PINE ST PULLING A VEHICLE BEHIND IT ON A DOLLY. UNIT 1 WAS TRAVELING N/B AT A HIGHER RATE OF SPEED. THE OPERATOR OF UNIT 1 STATED HE DID NOT SEE THE VEHICLE AHEAD OF HIM AND COLLIDED WITH IT. UNIT 1 STRUCK THE VEHICLE WHICH WAS BEING TOWED BY UNIT 2. THE VEHICLE STRUCK WAS A GMC SIERRA. NO DAMAGE WAS CAUSED TO UNIT 2 ITSELF.

## Location

<b>ON CTHBD NB 415 FT N OF TERRYTOWN RD IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY</b>	Latitude <b>43.486497535</b>	Longitude <b>-89.77410102</b>
	X Coordinate <b>275674.9375</b>	Y Coordinate <b>4818580.5</b>
	Structure Type <b>NO STRUCTURE</b>	

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## Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>		First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>02--FRONT TO REAR</b>		Light Condition <b>DARK/UNLIT</b>	
Road Surface Condition(s) <b>DRY</b>		Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>			
Weather Condition(s) <b>CLOUDY</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>	
Closure Type <b>LANE CLOSURE</b>		Reasons for Closure	
Date Initial Lane/Rd Closed <b>09/09/2019</b>	Time Initial Lane/Rd Closed <b>09:32 PM</b>	<b>LAW ENFORCEMENT, TOW TRUCK</b>	
Date All Lanes Open <b>09/09/2019</b>	Time All Lanes Open <b>11:37 PM</b>		
Date Scene Cleared <b>09/09/2019</b>	Time Scene Cleared <b>11:37 PM</b>	Date Scene Cleared <b>09/09/2019</b>	Time Scene Cleared <b>11:37 PM</b>

## Unit Summary

<b>01</b> <b>UNIT</b>	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>1</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>NORTHBOUND</b>	<input type="checkbox"/> <b>Pre CrashTire Mark</b>	Speed Limit <b>55</b>	Total Lanes <b>4</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>CONCRETE</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>UPHILL</b>	
	Truck Bus or HazMat <b>NO</b>					

<b>01</b> <b>UNIT</b>	<b>01</b> <b>VEHICLE</b>	<b>Vehicle</b>			
		License Plate Number <b>414ZPK</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>1G11B5SA4DF318667</b>	Make <b>CHEVROLET</b>	Year <b>2013</b>	Model <b>MALIBU</b>
		Color <b>SIL - SILVER (ALUMINUM)</b>	Body Style <b>SD - SEDAN</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, 11--LEFT 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>			

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UNIT VEHICLE	Driver Prior Action Other		Vehicle Factors <b>NOT APPLICABLE</b>	
	Driver Actions <b>FOLLOWING TOO CLOSE, OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER, LOOKED BUT DID NOT SEE</b>			
	Owner Name <b>JACOB JOSEPH PEDERSON (608) 609-0431</b>		Owner Address <b>715 MYRTLE ST REEDSBURG, WI 53959 , US</b>	
UNIT 01	<b>Sequence Of Events</b>			
	01	Event <b>MOTOR VEH IN TRANSPORT</b>		
	02	Event		
	03	Event		
UNIT 04	Event			
	<b>Policy Holder</b>			
UNIT 01	Insurance Company <b>PROGRESSIVE-ADVANCED-INSURANCE-CO</b>		Individual <b>JACOB PEDERSON</b>	
	<b>Individual</b>			
UNIT INDIVIDUAL	Driver <b>JACOB JOSEPH PEDERSON (608) 609-0431</b>		Citations Issued <b>1</b>	Sex <b>MALE</b>
	Address <b>715 MYRTLE ST REEDSBURG, WI 53959 , US</b>		Date of Birth	Race <b>WHITE</b>
			Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
UNIT 01	<b>Safety Equipment</b>		On Duty Crash	
	Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
UNIT 001	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>
	Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>
	Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #
	Hospital		Date of Death	Time of Death
	<b>Distracted By</b>		Distracted By Source <b>UNKNOWN</b>	
	Distracted By Action <b>OTHER ACTION (LOOKING AWAY FROM TASK ETC)</b>			
	<b>Non Motorist</b>		Striking Unit #	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>		
	01	001	<b>Violations</b>		
			UTC Number <b>AD978358</b>	Issue To? <b>001</b>	Statute Number <b>346.89(1)</b>

## Unit Summary

UNIT	02	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>AUTOMOBILE</b>	
		Vehicle Type <b>(SPORT) UTILITY VEHICLE</b>		Operating As Endorsements	
	Total Occs <b>2</b>	Train/Bus # Recorded	Total # Citations Issued <b>2</b>	Total Trailers <b>1</b>	Total HazMat Types <b>0</b>
	Insurance? <b>NO</b>	Direction Of Travel <b>NORTHBOUND</b>	<input type="checkbox"/> <b>Pre Crash Tire Mark</b>	Speed Limit <b>55</b>	Total Lanes <b>4</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>CONCRETE</b>		Road Curvature <b>STRAIGHT</b>	Road Grade <b>UPHILL</b>	
	Truck Bus or HazMat <b>NO</b>				

## Vehicle

UNIT	02	VEHICLE	License Plate Number <b>604WDN</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
			Vehicle Identification Number <b>1B4HS28N81F518426</b>	Make <b>DODGE</b>	Year <b>2001</b>	Model <b>DURANGO</b>	
			Color <b>TAN - TAN</b>	Body Style <b>4D - 4DR</b>		Bus Use <b>NOT A BUS</b>	
			Initial Contact Point <b>NON-COLLISION</b>	Vehicle Damage			
			Extent Of Damage <b>NO DAMAGE</b>	<b>NO DAMAGE</b>			
			Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OPERATOR</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>					
	02	02	Owner Name <b>MALISIA A MAREK (715) 783-0537</b>	Owner Address <b>N8238 COUNTY ROAD D RIB LAKE, WI 54470 , US</b>		
<b>Sequence Of Events</b>						
UNIT TRAILER/ TOWED	01	Event <b>MOTOR VEH IN TRANSPORT</b>				
	02	Event				
	03	Event				
	04	Event				
<b>Trailer/Towed</b>						
UNIT TRAILER/ TOWED	02	Trailer Plate # <b>HF6163</b>	Plate Type <b>LTK - LIGH</b>	Make <b>GMC</b>	State <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Unit Type <b>TRUCK</b>	Individual <b>CHAD B OLSON (715) 783-0537</b>		Address <b>N8238 COUNTY ROAD D RIB LAKE, WI 54470 , US</b>	
		Vehicle Identification Number <b>1GTFK24K3NE527083</b>				
<b>Individual</b>						
UNIT INDIVIDUAL	Driver <b>CHAD BERNARD OLSON (715) 783-0537</b>		Citations Issued <b>2</b>		Sex <b>MALE</b>	
			Date of Birth		Race <b>WHITE</b>	
	Address <b>N8238 COUNTY ROAD D RIB LAKE, WI 54470 , US</b>		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
<b>Safety Equipment</b>						
	On Duty Crash		Safety Equipment			
	Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>		<b>SHOULDER &amp; LAP BELT</b>			
	Helmet Use		Helmet Compliance			
	Eye Protection		Tint Compliance			
UNIT INDIVIDUAL	02 002	<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>		
		Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		Trapped/Extricated <b>NOT TRAPPED</b>	
		Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #	
		Hospital		Date of Death	Time of Death	
<b>Distracted By</b>						
		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>				
		Distracted By Action <b>NOT DISTRACTED</b>				
<b>Non Motorist</b>						
		Striking Unit #	Location			
Prior Action						

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

UNIT INDIVIDUAL	Action		
	Action Other		To/From School
	<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>		
	<b>Individual</b>		
	Passenger <b>JOEY R OLSON (715) 783-0344</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>
	Address <b>W1810 COUNTY LINE RD RIB LAKE, WI 54470 , US</b>		Date of Birth <b>WHITE</b>
		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
UNIT INDIVIDUAL	<b>Safety Equipment</b>	On Duty Crash	Safety Equipment
	Seat Position <b>3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER</b>	<b>SHOULDER &amp; LAP BELT</b>	
	Helmet Use	Helmet Compliance	
	Eye Protection	Tint Compliance	
	<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>
	Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>
	Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier	EMS Run #
	Hospital	Date of Death	Time of Death
	<b>Distracted By</b>	Distracted By Source	
	Distracted By Action		
UNIT INDIVIDUAL	<b>Non Motorist</b>	Striking Unit #	Location
	Prior Action		

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UNIT	INDIVIDUAL	Action				
		Action Other			To/From School	
	02	003	<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>			
	03	02	<b>Violations</b>			
			UTC Number <b>AD978359</b>	Issue To? <b>002</b>	Statute Number <b>344.62(1)</b>	Description <b>OPERATE MOTOR VEHICLE W/O INSURANCE</b>
	03	02	UTC Number <b>AD978360</b>	Issue To? <b>002</b>	Statute Number <b>341.04(1)</b>	Description <b>NON-REGISTRATION OF AUTO, ETC</b>