

6TL09JDKXXN  
19-12169

### Wisconsin Motor Vehicle Crash Report

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

6TL09JDKXXN

Document Number Override		Primary Crash Document #		Agency Crash Number 19-12169		Investigating Officer/Deputy DEPUTY B. SCHLOUGH	
Crash Date 09/30/2019		Crash Time 12:45 PM		Date Arrived 09/30/2019		Time Arrived 01:17 PM	
Date Notified 09/30/2019		Time Notified 12:50 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 checked="" type="checkbox"/> Work Zone		<input 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

<b>Location</b>					
INTERSECTION ON USH12 EB AT USH12 WB IN THE TOWN OF SUMPTER IN SAUK COUNTY		Latitude 43.35780842	Longitude -89.7689509	Lat/LongSource TLT/ILT	Access Control
		X Coordinate 275616.25	Y Coordinate 4804274	On Roadway Link ID# 5320118	On Roadway Link Offset 1547
		Override <input type="checkbox"/>	Tribal Land		Structure Type NO STRUCTURE

<b>Crash Scene</b>	
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	Environment Factor(s) NONE
Roadway 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 INTERSECTION-RELATED
Intersection Type OTHER	
Work Zone Crash Location ACTIVITY AREA	Work Zone Crash Type LANE CLOSURE
Workers Present NO	Law Enforcement Present NO
Work Zone Speed Limit 55	Advisory/Regulatory Speed Limit REGULATORY
Normal Posted Speed Limit 55	

<b>Unit Summary</b>		
Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type AUTOMOBILE
Vehicle Type PASSENGER CAR	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 EASTBOUND	<input type="checkbox"/> Pre Crash Tire Mark
Speed Limit 55	Total Lanes 4	
Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION
Emergency Motor Vehicle Use NOT APPLICABLE		
Traffic Way DIVIDED HWY W/O TRAFFIC BARRI	Traffic Control NO CONTROL	Traffic Control Inoperative/Missing NO
Surface Type	Road Curvature	Road Grade

01  
UNIT

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01	BLACKTOP (BITUMINOUS)		STRAIGHT		LEVEL	
	Truck Bus or HazMat NO					
01 UNIT INDIVIDUAL 01 UNIT INDIVIDUAL 01 UNIT INDIVIDUAL 01	Role DRIVER		Citations Issued 0		<input type="checkbox"/> Use Driver Address	
	Individual Type INDIVIDUAL		Last Name MYERS		First Name KIMBERLY	
	Middle Initial ANN		Suffix		Street Address S8049 MAPLE PARK RD # B	
	Street Address 2		PO Box		City PRAIRIE DU SAC	
	State WI		Zip Code 53578		Country of Residence UNITED STATES	
	DOB [REDACTED]		Sex F		Race W	
	Hair BROWN		Eyes BLUE		Height 500	
	Weight 110		Phone Number (734) 625-4739 EXT.		Driver's License Number [REDACTED]	
	State WI		License Jurisdiction STATE		Country of Issuance UNITED STATES	
	License Type NON-CDL DRIVER'S LICENSE		License Status VALID LICENSE		DL Expire Year 2025	
	<b>Equipment</b>		On Duty Accident		Safety Equipment	
	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORC		SHOULDER & LAP BELT			
	Helmet Use		Helmet Compliance			
	Eye Protection		Tint Compliance			
	<b>Injury</b>		Injury Severity NO APPARENT INJURY		Airbag NON DEPLOYED	
Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICA		Trapped/Extricated NOT TRAPPED		
Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #		
Hospital		Date of Death		Time of Death		
<b>Non Motorist</b>		Striking Unit #		Location		
To/From School		Prior Action				
Action		Distracted By Action NOT DISTRACTED				
Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		Action Other				
<b>Drug &amp; Alcoh</b>		Individual Condition APPEARED NORMAL				
Suspected Alcohol Use NO		Suspected Drug Use NO				
Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type		Alcohol Test Results		
Drug Test Given		Drug Test Type		Drug Test Results		

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UNIT INDIVIDUAL	TEST NOT GIVEN					
	Drug Type					
	License Plate Number 793ZLB			Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number JTDKB20U597891344				Year 2009	Make TOYOTA
	Model PRIUS		Body Style HB - HATCHBACK		Color BLK - BLACK	
	Initial Contact Point 4--RIGHT SIDE REAR		Vehicle Damage 4--RIGHT SIDE REAR, 5--RIGHT REAR CORNER			
	Extent Of Damage FUNCTIONAL DAMAGE					
	Towed Due To Damage NOT TOWED		Vehicle Factors NOT APPLICABLE			
	Vehicle Removed By OPERATOR					
	What Driver Was Doing OVERTAKE LEFT		Driver Prior Action Other		Bus Use NOT A BUS	
UNIT VEHICLE	Driver Actions IMPROPER OVERTAKING / PASSING LEFT					
	<input type="checkbox"/> Vehicle Owner Same As Operator			<input checked="" type="checkbox"/> Use Operator Address		
	Organization Type INDIVIDUAL		Company Name			
	Last Name PARRIS		First Name KEVIN		Middle J	Suffix Date of Birth [REDACTED]
	Street Address S8049 MAPLE PARK RD # B		Street Address2		PO Box	
	City PRAIRIE DU SAC		St WI	Zip Code 53578	Country of Residence UNITED STATES	
	Telephone Number (734) 625-4739 EXT.					
	01	Event MOTOR VEH IN TRANSPORT				
	02	Event				
	03	Event				
04	Event					
UNIT POL DER 01	Insurance Company GEICO-CASUALTY-CO		<input checked="" type="checkbox"/> Policy Holder Same As Owner		<input type="checkbox"/> Policy Holder Same As Driver	
	Organization Type INDIVIDUAL	Last Name PARRIS	First Name KEVIN		Policy Holder Company	

Unit Summary

Unit Status IN TRANSIT	Vehicle Operating As Classification B CLASS	Unit Type TRUCK
Vehicle Type		Operating As Endorsements

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02 UNIT	STRAIGHT TRUCK (INSERT TRUCK)							
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0			
	Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	Total Lanes 4			
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION	Emergency Motor Vehicle Use NOT APPLICABLE				
	Traffic Way DIVIDED HWY W/O TRAFFIC BARRI		Traffic Control NO CONTROL	Traffic Control Inoperative/Missing NO				
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT	Road Grade LEVEL				
	Truck Bus or HazMat TRUCK OR TRUCK COMBINATION > 10,000LBS GVWR/GCWR							
02 UNIT	Role DRIVER		Citations Issued 0	<input type="checkbox"/> Use Driver Address	Individual Type INDIVIDUAL			
	Last Name THELEN		First Name ROBERT		Middle Initial WAYNE	Suffix		
02 UNIT INDIVIDUAL	Street Address S2852 KIRKING RD		Street Address 2		PO Box			
	City LA FARGE		State WI	Zip Code 54639	Country of Residence UNITED STATES			
	DOR [REDACTED]	Sex M	Race W	Hair BROWN	Eyes BLUE	Height 509	Weight 190	Phone Number (608) 639-0739 EXT.
	Driver's License Number [REDACTED]		State WI	License Jurisdiction STATE	Country of Issuance UNITED STATES			
	License Type COMMERCIAL DRIVER LICENSE (CDL)		License Status VALID LICENSE		DL Expire Year 2022			
	<b>Equipment</b> On Duty Accident		Safety Equipment					
	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORC		SHOULDER & LAP BELT					
	Helmet Use		Helmet Compliance					
	Eye Protection		Tint Compliance					
	<b>Injury</b> Injury Severity NO APPARENT INJURY		Airbag NON DEPLOYED					
Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICA		Trapped/Extricated NOT TRAPPED				
Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #				
Hospital		Date of Death		Time of Death				
<b>Non Motorist</b> Striking Unit #		Location		To/From School				
Prior Action		Action						
Distracted By Action NOT DISTRACTED		Action Other						
Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		Action Other						
<b>Drug &amp; Alcoh</b> Individual Condition APPEARED NORMAL								
Suspected Alcohol Use NO		Suspected Drug Use NO						
Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type		Alcohol Test Results				
Drug Test Given		Drug Test Type		Drug Test Results				

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UNIT	INDIVIDUAL	TEST NOT GIVEN						
		Drug Type						
02	02	License Plate Number RB28561		Plate Type HTK - HEAVY TRUCK	St WI	Country of Issuance UNITED STATES		
		Vehicle Identification Number 1NPCLPEX7JD477000				Year 2018	Make PETERBILT MOTORS CO	
		Model 567		Body Style ST - STAKE TRUCK		Color RED - RED		
		Initial Contact Point 11--LEFT FRONT CORNER		Vehicle Damage				
		Extent Of Damage NO DAMAGE		NO DAMAGE				
		Towed Due To Damage NOT TOWED		Vehicle Factors				
		Vehicle Removed By OPERATOR		NOT APPLICABLE				
		What Driver Was Doing LEFT TURN		Driver Prior Action Other		Bus Use NOT A BUS		
		Driver Actions NO CONTRIBUTING ACTION						
		UNIT	VEHICLE	<input type="checkbox"/> Vehicle Owner Same As Operator			<input type="checkbox"/> Use Operator Address	
Organization Type ORGANIZATION/COMPANY				Company Name LEPKE HOLDINGS LLC				
Last Name				First Name		Middle	Suffix	Date of Birth
Street Address S7515 ZITZNER RD				Street Address2		PO Box		
City VIROQUA				St WI	Zip Code 54665		Country of Residence UNITED STATES	
Telephone Number (608) 606-4202 EXT.								
01	Event MOTOR VEH IN TRANSPORT							
02	Event							
03	Event							
04	Event							
UNIT	HOL DER	Insurance Company GEICO-ADVANTAGE-INSURANCE-CO		<input type="checkbox"/> Policy Holder Same As Owner		<input type="checkbox"/> Policy Holder Same As Driver		
		Organization Type ORGANIZATION/COMPA		Last Name		First Name		Policy Holder Company LEPKE HOLDINGS LLC
		<input checked="" type="checkbox"/> Use Vehicle Owner Same as Carrier			Source VEHICLE-SIDE			
US DOT # 2399034			Carrier Name LEPKE HOLDINGS LLC					

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UNIT 02 TRUCK BUS 01	Carrier Address <b>S7515 ZITZNER RD</b>		Carrier Address 2	Carrier PO Box Number
	City <b>VIROQUA</b>		State <b>WI</b>	Zip Code <b>54665</b>
	Country of Residence <b>UNITED STATES</b>		Vehicle Configuration <b>SINGLE-UNIT TRUCK (2-AXLE)</b>	
	GVWR <b>MORE THAN 26,000 LBS</b>		Cargo Body Type <b>DUMP</b>	
	Carrier Type <b>INTERSTATE CARRIER</b>			Permitted Load <b>NOT APPLICABLE</b>
	<input type="checkbox"/> OS/OW Load	WI Permit Number		<input type="checkbox"/> Permitted Vehicle On Permitted Route
	<input type="checkbox"/> Escort Vehicle Required By Permit			<input type="checkbox"/> Escort Vehicle Present
	Measured Height	Measured Length	Measured Width	Measured Weight

### Description

Diagram <p>DRAWING NOT TO SCALE</p>	Reconstruction-By
	Photos By
	Additional Information NONE

**Narrative**  
 UNIT 1 AND UNIT 2 WERE TRAVELING E/B ON USH 12. UNIT 2 WAS IN FRONT OF UNIT 1 AND SLOWING ATTEMPTING TO MAKE A LEFT TURN INTO THE CROSSOVER AND PROCEED BACK W/B ON USH 12. UNIT 1 WAS BEHIND UNIT 2 AND THOUGHT IT WAS MAKING A RIGHT TURN ONTO CTH C INSTEAD OF A LEFT TURN. UNIT 1 WENT TO PASS UNIT 2 ON THE LEFT AND SIDESWIPE UNIT 2. BOTH UNITS CAME TO REST IN THE CROSSOVER AND WERE MOVED OFF THE ROADWAY ONCE LAW ENFORCEMENT ARRIVED ON SCENE.

**Signature**

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

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#### Law Enforcement Agency

Agency Space				
Officer Rank <b>DEP</b>	Officer Last Name <b>SCHLOUGH</b>	Officer First Name <b>BRIAN</b>	Officer Middle Name <b>D</b>	Suffix
DOT Officer ID <b>9102</b>		DNR Officer ID	Officer Badge Number <b>9102</b>	
Officer EMail				
Local Agency Number	Law Enforcement Agency Jurisdiction <b>SAUK</b>		Law Enforcement Agency type <b>COUNTY SHERIFF</b>	
Law Enforcement Agency Name <b>SAUK COUNTY SHERIFFS DEPARTMEN</b>			TAS Agency Name <b>SAUK COUNTY SHERIFF</b>	
Law Enforcement Agency Street Address <b>1300 LANGE COURT</b>			Law Enforcement Agency Street Address2	
Law Enforcement Agency City <b>BARABOO</b>	LEA State <b>WI</b>	Law Enforcement Agency Zip Code <b>53913</b>		
Law Enforcement Agency Phone Number <b>(608) 356-4895 EXT.</b>	ORI Number <b>WI0570000</b>	BFUNC Agency <b>5600</b>	TraCS Agency Number <b>205</b>	

OFFICE USE ONLY