19-14029

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Override	Primary Crash Document #	5,			stigating Officer/Deputy PUTY E. KNULL			
Crash Date 11/11/2019	Crash Time 08:21 AM	Date Arrived 11/11/2019		Time Arrived 08:47 AM	1			
Date Notified	Time Notified	Total Units	Total Units Total Inju					
11/11/2019	08:21 AM	02		00	00	Reporting		
On Emergency	and Run		ork Zone	Trailer or	Fowed	Threshold		
Crash Date 11/11/2019 Date Notified 11/11/2019 On Emergency Hit Government Property	Active School Zone	School Bus Rela NO	ted	Tags	Secondary			
Reportable	Crash Type DT4000 (STANDARD CRASH)							
Description								
Diagram				Re	construction By			
	RockRd	NOT TO SCALE		Ade	otos By ditional Informatio DNE	on		
I, a sworn law enforcement UNIT 1 SB ON CTH K AND WHILE THE PLOW OF UNIT 2. UNIT 2 NA	NEGOTIATING CORNER LOST	CONTROL ON SNO	W COVERED RC	AD AND SPUN AI AND SPUN AROU	ND STRIKING T	HE PLOW. UNIT 1		
	ORTED BY EITHER OPERATOR.							
ON CTHK SB			Latitude		Longitude			
56 FT S OF PINE ROCK RD			43.59187776	1	-89.993909			
IN THE TOWN OF WINFIELD IN SAUK COUNTY			X Coordinate 258321.1875 Structure Type		Y Coordinate 4830901	e		
			NO STRUCT	JRE				

19-14029

WISCONSIN MOTOR VEHICLE CRASH REPORT

Crash Scene

Total Occs Train/Bus # Recorded Total # Citations Issued Total Trailers Total MaxMat Types 1 0 0 0 0 0 0 Insurance? Direction Of Travel Pre CrashTire Speed Limit Total Lanes YES SOUTHBOUND Mark Special Function Not AppLicABLE Most Harmful Event: Collision With Special Function No SPECIAL FUNCTION Not AppLicABLE Traffic Way Traffic Control Not AppLicABLE Traffic Control Inoperative/Missing TWO-WAY, NOT DIVIDED No CONTROL No No Surface Type Road Curvature Road Grade LeVeL BLACKTOP (BITUMINOUS) CURVE LEFT LEVEL Level Truck Bus or HazMat No No Vehicle UNITED STATES Vehicle Plate Type St Country of Issuance UNITED STATES Vehicle Identification Number Make Year Model CobaLT Color Body Style Bus Use Not A BUS Not A BUS Unitial Contact Point Vehicle Damage Not A BUS Not A BUS		First	Harmful Event	First Harmful Event Location								
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NOT TOWED OPERATOR What Driver Was Doing Vehicle Factors		>		Vehicle Re	moved By							
What Driver Was Doing Vehicle Factors			0									
			° °	VE								
Driver Prior Action Other NOT APPLICABLE			Driver Prior Action Other	NOT APP	PLICABLE							
		NOT TOWED What Driver Was Doing			OPERAT	OPERATOR						

19-14029

	Ш	Driver Actions SPEED TOO FAST/	COND)								
UNIT	VEHICLI											
	VEI											
		Owner Name TROY T FULLER				Owner Address S1425 COUNTY ROAD	ĸ					
5	01	(608) 524-1104				REEDSBURG, WI 53959						
	ļ	Sequence Of Ev	ents									
	01	Event MOTOR VEH IN TR	ANSP	ORT								
	02	Event										
	03	Event										
	04	Event										
⊢		Policy Holder										
UNIT		Insurance Company				Individual						
_		Individual				TROY FULLER						
		Driver TAYLOR ALEXIS FULLER (608) 415-7568				Citations Issued	Sex					
	۹L					0 Date of Birth	FEMALE Race					
E	INDIVIDUAL					Date of Birth	WHITE					
		Address S1425 COUNTY ROAD K				Driver License Number						
	IN	REEDSBURG, WI 5				STATE: WISCONSIN COUNTRY: UNITED STATES						
			On Duty	Croch		Octobe Equipment						
	Saf	fety Equipment		Clash		Safety Equipment						
		Seat Position			DMOTODOV	SHOULDER & LAP BELT						
		1FRONT SEAT-LE Helmet Use	FI SI	DE (DRIVE	R/MOTORCY	Helmet Compliance						
		Eye Protection				Tint Compliance						
2	001	Injury	Injury S NO AP	PARENT I	NJURY	Airbag NON DEPLOYED						
		Ejected NOT EJECTED		Ejection Pa	ath CTED/NOT APPI		Trapped/Extri NOT TRAPI					
		Medical Transport				EMS Agency Identifier	EMS Run #					
		NOT TRANSPORTE	ED			Date of Death	Time of Death					
		Hospital				Date of Death	Time of Deatr	I				
		Distracted By	Distract	ed By Sourc PPLICABI	e .E (NOT DISTRA	CTED)						
		Distracted By Action NOT DISTRACTED										
		Non Motorist	Striking	Unit #	Location							
		Prior Action			-							

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		Action								
F	INDIVIDUAL									
UNIT	DIVIE									
	Z									
		Action Other							To/From School	
	L	Drug & Alcohol No	pected Alcohol U	se	Suspected Drug Use					
		Alcohol Test Given		Alcohol Test Typ	be		Alcohol Tes	t Results		
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Result	S			
01	001	Drug Type								
		Individual Condition								
		APPEARED NORMAL								
	Unit	t Summary								
	Unit	Status			Vehicle Operating As Class	ification	Unit Type			
~		RANSIT cle Type			B CLASS	TRUCK Operating As Endorsements				
02		OW PLOW								
	Tota 1	Occs	Train/Bus # Re		Total # Citations Issued 0	lers	Total HazM	lat Types		
	Insur YES	Insurance? Direction Of Travel YES NORTHBOUND			Pre CrashTire Mark	nit	Total Lane 2	5		
UNIT	Most	Most Harmful Event: Collision With			Special Function	Emergency NOT APP	Motor Vehic	le Use		
	Traff	ic Way			Traffic Control	Traffic Control Inoperative/Missing				
		D-WAY, NOT DIVIDED			NO CONTROL Road Curvature	NO Road Grade				
	BLA	CKTOP (BITUMINOUS)			CURVE RIGHT	LEVEL				
		k Bus or HazMat ICK OR TRUCK COMBI	NATION > 10,	000LBS GVWR	/GCWR					
	١	Vehicle								
		License Plate Number 88272			Plate Type St MUN - MUNICIPAL WI		Country of Issuance UNITED STATES			
02	02	Vehicle Identification Numb 5KKHAXDV0FPGE945			Make WESTERN STAR	Year 2015	Model			
	U	Color	-		Body Style	2013	NO DATA FO Bus Use			
	щ	RED - RED Initial Contact Point			CB - CAB CHASSIS Vehicle Damage		NOT A BUS			
UNIT	VEHICL	12FRONT Extent Of Damage			12FRONT					
	٨EI	MINOR DAMAGE								
		Towed Due To Damage NOT TOWED			Vehicle Removed By OPERATOR					
		What Driver Was Doing NEGOTIATING CURVE			Vehicle Factors					
		Driver Prior Action Other			NOT APPLICABLE					

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		Driver Actions											
.	щ	NO CONTRIBUTING ACT	ION										
UNIT	VEHICL												
5	Η												
	>												
		Owner Name		Owner Address									
		SAUK COUNTY HIGHWA	Y DEPARTMENT	620 STH 136									
02	02	(608) 355-4855		BARABOO, WI 53913 , US									
-	_												
		Sequence Of Events											
		Event											
	01	MOTOR VEH IN TRANSPO	ORT										
	02	Event											
	0												
	03	Event											
	04	Event											
⊑∣	l	Policy Holder		-									
UNIT		Insurance Company WISCONSIN-COUNTY-MU		Government SAUK COUNTY HIGHWAY DEPA	PTMENT								
			JTUAL-INS-CORP	SAUK COUNTE HIGHWAT DEPA	RIMENI								
		ndividual		Ottational lagurad									
		Driver DANIEL DAVID DURST		Citations Issued	Sex MALE								
	AL	(608) 415-0370		Date of Birth	Race								
⊢∣	INDIVIDUAL				WHITE								
	Σ	Address		Driver License Number									
2	P	W8598 STATE ROAD 33	10	STATE: WISCONSIN COUNTRY: UNITED STATES									
	=	WONEWOC, WI 53968 , U	12	STATE. WISCONSIN COUNTRY. UNITED STATES									
			0										
	Saf	Tety Equipment On Duty		Safety Equipment									
		Seat Position		SHOULDER & LAP BELT									
		1FRONT SEAT-LEFT SI		SHOULDER & LAF BEET									
		Helmet Use		Helmet Compliance									
		Eye Protection		Tint Compliance									
02	002	Injury Se Injury NO AP		Airbag NON DEPLOYED									
	Ŭ	Ejected	Ejection Path	NON DEFECTED	Trapped/Extricated								
		NOT EJECTED	NOT EJECTED/NOT APPI	LICABLE	NOT TRAPPED								
		Medical Transport		EMS Agency Identifier	EMS Run #								
		NOT TRANSPORTED											
		Hospital		Date of Death	Time of Death								
	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)												
	Distracted By Action												
		NOT DISTRACTED	1										
		Non Motorist	Unit # Location										
		Prior Action	1										

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UNIT	INDIVIDUAL	Action								
	L	Action Other Suspected Drug & Alcohol NO	d Alcohol Use		Suspe	cted Drug Use				To/From School
		Alcohol Test Given TEST NOT GIVEN	cohol Test Type				Alcohol Test Results			
		Drug Test Given TEST NOT GIVEN	Drug Test Type Dr			Drug Test Results				
02	002	Drug Type								
		Carrier								
						Source				
		Use Vehicle O	vner Same as	s Carrier		DRIVER				
02	01	Name SAUK COUNTY HIGH	ARTMENT	Address 620 STH 136 BARABOO, WI 53913 , US						
UNIT	BUS	GVWR MORE THAN 26,000 LB	uration T TRUCK (3 OR MORE AXLES)				Cargo Body Type DUMP			
		US DOT #					Permitted Load			
ر	ICK		NOT IN COM	MERCE/GO	/ERNN	MENT .		NOT APPLICABLE		
	TRUCK	OS/OW Load WI Permit		Per		ehicle On I Route		cort Vehicle Required By Permit Escort Vehicle Pr		
		Measured Height	Measured L	ength		Measured Widt	h		Measured Weight	