19-14082

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

11/12/2019       0         Date Notified       1         11/12/2019       0         On Emergency       Hit a         Government       Property         Property       0	Crash Time 01:20 PM Time Notified 01:20 PM and Run Lane Closu Crash Type DT4000 (STANDARD CRASH	School Bus Relat	01 To 00 •k Zone	me Arrived I:31 PM Ital Injured Trailer or 1	Total Killed 00 Fowed	Reporting Threshold
11/12/2019     0       On Emergency     Hit a       Government     Image: Second s	01:20 PM and Run Crash Type	02 Ire Wo School Bus Relat NO	00 •k Zone	) Trailer or T	00	Reporting
Government Property	Active School Zone Crash Type	School Bus Relat	Ľ		owed	
Property Reportable	Crash Type	NO	ed Ta	igs		
✓ Reportable     I       Description	Crash Type DT4000 (STANDARD CRASH	)				
				Amended		Secondary Crash
Diagram			·			
not to scale	wheel from trailer that broke off hub			Pho	otos By ditional Inform	
✔ I, a sworn law enforcement UNIT 1 WAS WB ON STH 23 PULLI BOUNCED ACROSS THE ROAD AN DAMAGE AND UNIT 2 SUSTAINED	NG A CAMPER/TRAILER. UNIT 2 ND STRUCK UNIT 2 IN THE FROM	2 WAS EB ON STH NT. NO INJURIES	23. TIRE/WHEEL F REPORTED BY EITH	ROM CAMPER HER OPERATO	OR AND UNI	
Location			Latitude		Longitud	6
266 FT E OF COON BLUFF RD			43.547410491		-89.866	274884
IN THE TOWN OF EXCELSIOR IN SAUK COUNTY	1		X Coordinate 268454.28125 Structure Type		Y Coordinate <b>4825598.5</b>	
			NO STRUCTURE	E		

This report does not include any CJIS data. 1 of 6 19-14082

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### **Crash Scene**

	First Harmful Event CARGO/EQUIPMENT LOSS OR SHIFT						First Harmful Event Location ON ROADWAY					
		ner of Collision	SS OR SHIFT			Light Condition						
		COLLISION W/VEHIC	I F IN TRANSPORT			DAYLIGHT						
		d Surface Condition(s)				Roadway Factor(s)						
	DR۱	1										
	Envi	ronment Factor(s)										
	NOM	NE				NONE						
	Wea	ther Condition(s)										
	CLE	AR										
	Anim	al Type					o Trafficwa					
	Cras	h Classification - Location	1					Jurisdiction				
	PUE	LIC PROPERTY				NO SPE	CIAL JUR	SDICTION				
	Triba	al Land				Access Co NO CON				Special Study		
	With	in Interchange Area	Junction Location		Intersectio	n Type						
	NO		NON-JUNCTION		NOT AN	INTERSE	CTION					
		t Summary 🛛 💻										
		Status		Vehicle Ope	-	lassification		Unit Type				
				A CLASS				TRUCK	TRUCK Operating As Endorsements			
0		cle Type						Operating A	s Endorser	nents		
•		ICK TRACTOR (SEMI	Train/Bus # Recorded	Total # Cita	Total # Citations Issued		Total Trai	Trailers Total Hat		Mat Types		
	10ia	10003		0			1		0			
	Insu	ance?	Direction Of Travel	Pre	Pre CrashTire		Speed Limit		Total Lanes			
F	YES WESTBOUND				Mark		55			2		
UNIT		Harmful Event: Collision		Special Function NO SPECIAL FUNC			CTION		Emergency Motor Vehicle Use NOT APPLICABLE			
		ic Way		Traffic Cont	rol			Traffic Control Inoperative/Missing		tive/Missing		
	тwo	D-WAY, NOT DIVIDED	)	NO CONT	ROL			NO				
	Surfa	асе Туре			Road Curvature STRAIGHT			Road Grade				
		CKTOP (BITUMINOU	IS)	STRAIGH				LEVEL				
		k Bus or HazMat										
			BINATION > 10,000LBS G	WR/GCWR								
		Vehicle					<u>C</u>	Country of lo				
		License Plate Number JS862		21	Plate Type TOR - TRACTOR		St WI		Country of Issuance UNITED STATES			
		Vehicle Identification Nu	mber	Make			Year					
2	0	2HSCEAPR77C3722		INTERNA	TIONAL		2007	NODER NOT A BUS				
		Color		Body Style								
	ш	BLK - BLACK Initial Contact Point	TC - TRA Vehicle Da									
E		NON-COLLISION	Venicie Da	inage								
UNIT	VEHICL	Extent Of Damage	NO DAM	AGE								
	>	Towed Due To Damage		Vehicle Re	Vehicle Removed By							
		NOT TOWED		OPERAT								
		What Driver Was Doing		Vehicle Fa	ctors							
		GOING STRAIGHT Driver Prior Action Other			LICABLE							
					_							
		L										

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## WISCONSIN MOTOR VEHICLE CRASH REPORT

	щ	Driver Actions <b>NO CONTRIBUTING AC</b>	TION									
UNIT	VEHICL											
2	VE											
		Owner Name DANIEL HERBERT KER	SHNER		Owner Address 15289 BEAR RD							
6	01	(608) 381-0130			VIOLA, WI 54664	, US						
		Sequence Of Events										
	01	Event CARGO/EQUIPMENT LOSS OR SHIFT										
	02	Event										
	03	Event										
	04	Event										
⊢	I	Policy Holder										
UNIT		Insurance Company		E CO	Individual	- D						
_	_	ACUITY,-A-MUTUAL-INS	DURANC	E-CO	DANIEL KERSHNE	-R						
_			te Type	Make	State	Count	ry of Issuance					
9	_			FRAI								
F	ED ER/	Unit Type <b>RECREATIONAL</b>	Inknown		Addre	355						
UNIT	Unit Type     Unknown       RECREATIONAL     Vehicle Identification Number					, ,						
	I	ndividual										
	I	Driver			Citations Issued		Sex					
	_		SHNER		0		MALE					
	_	Driver DANIEL HERBERT KER	SHNER									
UNIT	_	Driver DANIEL HERBERT KER (608) 381-0130 Address	SHNER		0	r	MALE Race					
		Driver DANIEL HERBERT KER (608) 381-0130	SHNER		<b>0</b> Date of Birth		MALE Race WHITE					
	INDIVIDUAL	Driver DANIEL HERBERT KER (608) 381-0130 Address 15289 BEAR RD VIOLA, WI 54664 , US	SHNER ty Crash		0 Date of Birth Driver License Numbe		MALE Race WHITE					
	INDIVIDUAL	Driver DANIEL HERBERT KER (608) 381-0130 Address 15289 BEAR RD VIOLA, WI 54664 , US			0 Date of Birth Driver License Numbe STATE: WISCONS Safety Equipment	IN COUNTRY: UN	MALE Race WHITE					
	INDIVIDUAL	Driver DANIEL HERBERT KER (608) 381-0130 Address 15289 BEAR RD VIOLA, WI 54664 , US	ty Crash	IVER/MOTORCY	0 Date of Birth Driver License Numbe STATE: WISCONS	IN COUNTRY: UN	MALE Race WHITE					
	INDIVIDUAL	Driver DANIEL HERBERT KER (608) 381-0130 Address 15289 BEAR RD VIOLA, WI 54664 , US Fety Equipment Seat Position	ty Crash	IVER/MOTORCY	0 Date of Birth Driver License Numbe STATE: WISCONS Safety Equipment	IN COUNTRY: UN	MALE Race WHITE					
	INDIVIDUAL	Driver DANIEL HERBERT KER (608) 381-0130 Address 15289 BEAR RD VIOLA, WI 54664 , US Cety Equipment Seat Position 1FRONT SEAT-LEFT S	ty Crash	IVER/MOTORCY	0 Date of Birth Driver License Numbe STATE: WISCONS Safety Equipment SHOULDER & LAF	IN COUNTRY: UN	MALE Race WHITE					
UNIT	Saft	Driver DANIEL HERBERT KER (608) 381-0130 Address 15289 BEAR RD VIOLA, WI 54664 , US Cety Equipment Seat Position 1FRONT SEAT-LEFT S Helmet Use Eye Protection	ty Crash IDE (DR		0 Date of Birth Driver License Number STATE: WISCONS Safety Equipment SHOULDER & LAF Helmet Compliance Tint Compliance	IN COUNTRY: UN	MALE Race WHITE					
	INDIVIDUAL	Driver DANIEL HERBERT KER (608) 381-0130 Address 15289 BEAR RD VIOLA, WI 54664 , US Con Du Seat Position 1FRONT SEAT-LEFT S Helmet Use Eye Protection Injury NO A	ty Crash	IT INJURY	0 Date of Birth Driver License Numbe STATE: WISCONS Safety Equipment SHOULDER & LAF Helmet Compliance Tint Compliance	IN COUNTRY: UN	MALE Race WHITE ITED STATES					
UNIT	Saft	Driver DANIEL HERBERT KER (608) 381-0130 Address 15289 BEAR RD VIOLA, WI 54664 , US Cety Equipment Seat Position 1FRONT SEAT-LEFT S Helmet Use Eye Protection	ty Crash IDE (DR Severity PPAREN Ejectior	IT INJURY	0 Date of Birth Driver License Number STATE: WISCONS Safety Equipment SHOULDER & LAF Helmet Compliance Tint Compliance Airbag NON DEPLOYED	IN COUNTRY: UN	MALE Race WHITE					
UNIT	Saft	Driver DANIEL HERBERT KER (608) 381-0130 Address 15289 BEAR RD VIOLA, WI 54664 , US Cety Equipment Con Du Seat Position 1FRONT SEAT-LEFT S Helmet Use Eye Protection Injury NO A Ejected NOT EJECTED Medical Transport	ty Crash IDE (DR Severity PPAREN Ejectior	IT INJURY	0 Date of Birth Driver License Number STATE: WISCONS Safety Equipment SHOULDER & LAF Helmet Compliance Tint Compliance Airbag NON DEPLOYED	BELT	MALE Race WHITE ITED STATES					
UNIT	Saft	Driver DANIEL HERBERT KER (608) 381-0130  Address 15289 BEAR RD VIOLA, WI 54664 , US  Fety Equipment Con Du Seat Position 1FRONT SEAT-LEFT S Helmet Use Eye Protection Injury ROA Ejected NOT EJECTED Medical Transport NOT TRANSPORTED	ty Crash IDE (DR Severity PPAREN Ejectior	IT INJURY	0         Date of Birth         Driver License Number         STATE: WISCONS         Safety Equipment         Shoulder & LAF         Helmet Compliance         Tint Compliance         Airbag         NON DEPLOYED         LICABLE         EMS Agency Identifier	BELT	MALE Race WHITE ITED STATES ITED STATES Trapped/Extricated NOT TRAPPED EMS Run #					
UNIT	Saft	Driver DANIEL HERBERT KER (608) 381-0130 Address 15289 BEAR RD VIOLA, WI 54664 , US Cety Equipment Con Du Seat Position 1FRONT SEAT-LEFT S Helmet Use Eye Protection Injury NO A Ejected NOT EJECTED Medical Transport	ty Crash IDE (DR Severity PPAREN Ejectior	IT INJURY	0         Date of Birth         Driver License Number         STATE: WISCONS         Safety Equipment         Shoulder & LAF         Helmet Compliance         Tint Compliance         Airbag         NON DEPLOYED	BELT	MALE Race WHITE ITED STATES ITED STATES					
UNIT	Saft	Driver DANIEL HERBERT KER (608) 381-0130  Address 15289 BEAR RD VIOLA, WI 54664 , US  Fety Equipment Seat Position 1FRONT SEAT-LEFT S Helmet Use Eye Protection Injury RO A Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital	ty Crash IDE (DR Severity PPAREN Ejectior NOT E	IT INJURY Path EJECTED/NOT APPI	0         Date of Birth         Driver License Number         STATE: WISCONS         Safety Equipment         Shoulder & LAF         Helmet Compliance         Tint Compliance         Airbag         NON DEPLOYED         LICABLE         EMS Agency Identifier         Date of Death	BELT	MALE Race WHITE ITED STATES ITED STATES Trapped/Extricated NOT TRAPPED EMS Run #					

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		Non Motorist	Striking Ur	nit # l	_ocation							
		Prior Action										
		Action										
Г	<b>NDIVIDUAL</b>											
UNIT												
	IND											
		Action Other									To/From School	
			Suspected	Alcohol Use	9		cted Drug Use					
	L	Drug & Alcohol Alcohol Test Given	NO		Alcohol Test Ty	NO				Alcohol Test	Posults	
		TEST NOT GIVEN								Alconor rest	in the suite	
		Drug Test Given TEST NOT GIVEN		[	Drug Test Type	e		Drug Test	t Results			
01	001	Drug Type						<u> </u>				
	0											
		Individual Condition										
		APPEARED NORMAL										
	0	Carrier					Source					
		✓ Use V	ehicle Ov	wner Same	e as Carrier		DRIVER					
01	01	Name DANIEL HERB	ERT KE	ERSHNE	R	Address 15289 BEAR RD						
		USDOT# 05242	284				VIOLA, WI 54664 ,US					
	BUS	GVWR		Vehicle Con	-				Cargo	o Body Type		
UNIT		MORE THAN 26,00 US DOT #		VEHICLE Carrier Type		RAILERS				CARGO BOE	Y - (BOBTAIL, LIGHT MOTO	
D	RUCK	0524284		INTRAST		R			ΝΟΤ	APPLICABI	E	
	TRL	OS/OW Load	WI Permit I	Number						cle Required Escort Vehicle Present		
		Measured Height		Measure	d Length		Measured Widt	h		Measured We	ight	
	Unit	Summary										
		Status RANSIT				Vehicle O	perating As Class	sification		Unit Type AUTOMOB	ILE	
02	Vehi	cle Type								Operating As Endorsements		
0	-	ORT) UTILITY VEHI		n/Bus # Reco	orded	Total # Citations Issued Total Trail			otal Traile	ers	Total HazMat Types	
	1 Incur	ance?	Direc	ction Of Trav	ol	0		1 Sr	beed Lim		0 Total Lanes	
F	YES	;	EAS	STBOUND			e CrashTire Mark	55		2		
UNIT		Harmful Event: Collisio		G CARGO	OR ANYT	Special Fu NO SPE	Inction	ON		Emergency N NOT APPL	lotor Vehicle Use ICABLE	
	Traffi	ic Way				Traffic Co					I Inoperative/Missing	
	Surfa	D-WAY, NOT DIVIDE ace Type				NO CON Road Curv				NO Road Grade		
		CKTOP (BITUMINC	DUS)			STRAIG	нт			LEVEL		
	NO											
		Vehicle										

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

		License Plate Number		Plate Type		St	Country of Issuance		
		HAX354		UT - AUTO	OMOBILE	IA	UNITED STATES		
02	02	Vehicle Identification Number		/lake		Year	Model		
	•	1GKS2GKC2JR366692 Color			MOTORS COR	2018	YUKON Bus Use		
		BLK - BLACK		Body Style	T UTILITY VEHIC	IF	NOT A BUS		
	ш	Initial Contact Point		/ehicle Dama					
E	C	12FRONT		ů					
UNIT	VEHICLE	Extent Of Damage	1	2FRONT					
	2	FUNCTIONAL DAMAGE							
		Towed Due To Damage		ehicle Remo	,				
		NOT TOWED		PERATOR					
		What Driver Was Doing GOING STRAIGHT	V	ehicle Facto	ors				
		Driver Prior Action Other	N	NOT APPLI	CABLE				
	·	Driver Actions							
	щ	NO CONTRIBUTING ACTION							
UNIT	VEHICLE								
5	<b>.</b>								
	>								
	·	Owner Name		Owner A	ddross				
		EAN HOLDINGS LLC			BRADY ST				
02	02			DAVEN	PORT, IA 52806	, US			
	, i	Sequence Of Events							
	6	Event							
	0	STRUCK BY FALLING, SHIFTING CARG		HING SET			EHICLE		
	02	Event							
		Event							
	03	Lvon							
	4	Event							
	04								
Е	F	Policy Holder							
UNIT		Insurance Company		Individual					
	ļ	COUNTRY FINANCIAL		KENNET	H PITON				
	]	Trailer/Towed							
02		Trailer Plate #Plate TypeMake11282ZALTL - LIGHUNT			State WI		ntry of Issuance ITED STATES		
		11282ZA         LTL - LIGH         UNT           Unit Type         Individual	<u> </u>		VVI		ress		
	L L L L L L	RECREATIONAL	I J PITON			541	3 5TH AVE		
	TOWED	Vehicle Identification Number (847) 774-	2112			KE	NOSHA, WI 53140 ,US		
۲ e	ĔĔ	48BTE10155B039665							
	I	ndividual							
		Driver		Citations Issued			Sex		
	Ļ	KENNETH JOSEPH PITON (847) 774-2112		0			MALE		
	٩U	(047)774-2112		Date of Bir	th		Race WHITE		
UNIT	5	Address		Driver Lies	nse Number				
5				Driver Lice	nse number				
	5	5413 5TH AVE		STATE: WISCONSIN COUNTRY: UNITED STATES					
	INDIVIDUAL	5413 5TH AVE KENOSHA, WI 53140 ,US		STATE: V	VISCONSIN COU	JNTRY: U	NITED STATES		
	NDN			STATE: V	WISCONSIN COU	JNTRY: U	NITED STATES		
		KENOSHA, WI 53140 , US		STATE: V Safety Equ		JNTRY: U			
		KENOSHA, WI 53140 ,US		Safety Equ			NITED STATES		

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		Helmet Use				Helmet Compliance						
		Eye Protection				Tint Compliance						
~	8	Injury Severity				Airbag						
02	002	Injury	NO AP		JURY	NON DEPLOYED						
	1	Ejected		Ejection Pat				Trapped/Extricated				
		NOT EJECTED			TED/NOT APPL	ICABLE		NOT TRAPPED				
		Medical Transport				EMS Agency Identifier		EMS Run #				
		NOT TRANSPORT	ED									
		Hospital				Date of Death		Time of Death				
		i loopilai										
			Distract	ed By Source								
		Distracted By	NOT A	PPLICABL	E (NOT DISTRA	CTED)						
		Distracted By Action NOT DISTRACTED										
		NOT DISTRACTEL										
		Non Motorist	Striking	Unit #	Location							
		Prior Action										
i		Action										
	ľ											
с	INDIVIDUAL											
UNIT	D											
5	N											
	Z											
	-											
		Action Other							To/From School			
	,		Suspect	ed Alcohol U	se	Suspected Drug Use						
	L	Drug & Alcohol	NO			NO						
		Alcohol Test Given			Alcohol Test Type	•		Alcohol Test Results				
		TEST NOT GIVEN										
		Drug Test Given			Drug Test Type		Drug Test Results					
		TEŠT NOT GIVEN										
03	002	Drug Type										
•	00											
		Individual Condition										
		APPEARED NORM	IAL									