

6TLOBNZM0H  
19-14723

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>19-14723</b>	Investigating Officer/Deputy <b>DEPUTY A. BREUNIG</b>	
Crash Date <b>11/29/2019</b>		Crash Time <b>06:28 AM</b>	Date Arrived <b>11/29/2019</b>	Time Arrived <b>06:35 AM</b>	
Date Notified <b>11/29/2019</b>		Time Notified <b>06:29 AM</b>	Total Units <b>02</b>	Total Injured <b>05</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 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
<p>NOT TO SCALE</p> <p>BRIDGE WALL</p> <p>USH 12</p>	<p>Photos By <b>W VERTEIN</b></p> <p>Additional Information <b>PHOTOS</b></p>

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

UNIT 1 WAS TRAVELING NORTHBOUND ON USH 12. UNIT 2 WAS TRAVELING BEHIND UNIT 1. UNIT 1 WAS TRAVELING ACROSS A BRIDGE. IT WAS SNOWING. THE BRIDGE SURFACE WAS SNOW AND ICE COVERED. BOTH UNITS WERE TRAVELING IN THE RIGHT LANE. UNIT 1 LOST CONTROL AND VEERED LEFT. UNIT 1 STRUCK THE CONCRETE MEDIAN BRIDGE WALL. UNIT 1 BOUNCED OFF THE WALL AND WAS TRAVELING NORTHEAST ACROSS THE LANES OF TRAFFIC. UNIT 2 STRUCK UNIT 1 AS IT TRAVELED INTO THE RIGHT LANE. BOTH UNITS WENT OFF THE RIGHT SIDE OF THE ROAD. UNIT 1 TRAVELED DOWN AN EMBANKMENT AND CAME TO REST. UNIT 2 CAME TO REST OFF THE RIGHT SIDE OF THE ROAD.

Location

<b>ON USH12 WB 0.28 MI N OF S GASSER RD IN THE TOWN OF BARABOO IN SAUK COUNTY</b>	Latitude <b>43.449507822</b>	Longitude <b>-89.777867985</b>
	X Coordinate <b>275233.1875</b>	Y Coordinate <b>4814482.5</b>
	Structure Type	

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## Crash Scene

First Harmful Event <b>BRIDGE RAIL</b>		First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>08--FRONT TO SIDE</b>		Light Condition <b>DARK/UNLIT</b>	
Road Surface Condition(s) <b>SNOW, ICE</b>		Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>			
Weather Condition(s) <b>SNOW</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>11/29/2019</b>	Time Initial Lane/Rd Closed <b>06:47 AM</b>	<b>TOW TRUCK, FIRE/EMS</b>	
Date All Lanes Open <b>11/29/2019</b>	Time All Lanes Open <b>07:43 AM</b>	Date Scene Cleared <b>11/29/2019</b>	Time Scene Cleared <b>07:45 AM</b>

## Unit Summary

<b>UNIT</b> <b>01</b>	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>3</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"/> Pre Crash <b>Tire Mark</b>	Speed Limit <b>65</b>	Total Lanes <b>4</b>	
	Most Harmful Event: Collision With <b>BRIDGE RAIL</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>DIVIDED HWY W/O TRAFFIC BARRIER</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>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>					
<b>UNIT</b> <b>01</b> <b>VEHICLE</b>	<b>Vehicle</b>					
	License Plate Number <b>939WCS</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
	Vehicle Identification Number <b>1GNDT13S882114556</b>		Make <b>CHEVROLET</b>	Year <b>2008</b>	Model <b>TRAILBLAZE</b>	
	Color <b>RED - RED</b>		Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use <b>NOT A BUS</b>	
	Initial Contact Point <b>11--LEFT FRONT CORNER</b>		Vehicle Damage <b>3--RIGHT SIDE MIDDLE, 4--RIGHT SIDE REAR, 5--RIGHT REAR CORNER, 6--REAR, 11--LEFT FRONT CORNER</b>			
	Extent Of Damage <b>DISABLING DAMAGE</b>		Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>			
	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>BILLS TOWING</b>			
What Driver Was Doing <b>GOING STRAIGHT</b>						

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UNIT VEHICLE	Driver Prior Action Other		Vehicle Factors	
			NOT APPLICABLE	
	Driver Actions SPEED TOO FAST/COND, FAILURE TO CONTROL			
01 01	Owner Name DENNIS FRANK JONES (608) 316-5944		Owner Address W10205 KOLTES RD LODI, WI 53555 , US	
	<b>Sequence Of Events</b>			
01 01	01	Event BRIDGE RAIL		
	02	Event MOTOR VEH IN TRANSPORT		
	03	Event RUN OFF ROADWAY RIGHT		
	04	Event		
UNIT	<b>Policy Holder</b>			
	Insurance Company STATE-FARM-GENERAL-INS-CO		Individual DENNIS JONES	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver DENNIS FRANK JONES (608) 316-5944		Citations Issued 1	Sex MALE
	Address W10205 KOLTES RD LODI, WI 53555 , US		Date of Birth	Race WHITE
			Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
01 001	<b>Safety Equipment</b>		On Duty Crash	
	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		Safety Equipment SHOULDER & LAP BELT	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	<b>Injury</b>		Injury Severity NO APPARENT INJURY	Airbag DEPLOYED-CURTAIN
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
<b>Distracted By</b>		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		
Distracted By Action NOT DISTRACTED				
<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>SHARON R JONES (608) 592-5469</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
	Address <b>W10205 KOLTES RD LODI, WI 53555 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	Date of Birth Race <b>WHITE</b>	
UNIT INDIVIDUAL	<b>Safety Equipment</b>	On Duty Crash	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
		Seat Position <b>3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER</b>	Helmet Use	
	Eye Protection	Helmet Compliance	Tint Compliance	
	<b>Injury</b>	Injury Severity <b>SUSPECTED MINOR INJURY</b>	Airbag <b>DEPLOYED-CURTAIN</b>	
		Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>
	Medical Transport <b>EMS GROUND</b>	EMS Agency Identifier <b>6000368</b>	EMS Run #	
	Hospital <b>ST CLARE HOSP</b>	Date of Death	Time of Death	
	<b>Distracted By</b>	Distracted By Source		
		Distracted By Action		
	<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>KATHLEEN R PEDERSON (608) 592-7511</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
		Address <b>W11404 CTH V LODI, WI 53555 , US</b>		Date of Birth	Race <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>6--SECOND SEAT-RIGHT SIDE</b>	<b>SHOULDER &amp; LAP BELT</b>		
		Helmet Use	Helmet Compliance		
		Eye Protection	Tint Compliance		
		<b>Injury</b>	Injury Severity <b>SUSPECTED MINOR INJURY</b>	Airbag <b>DEPLOYED-CURTAIN</b>	
		Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>	
		Medical Transport <b>EMS GROUND</b>	EMS Agency Identifier <b>6000368</b>	EMS Run #	
		Hospital <b>ST CLARE HOSP</b>	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
Drug & Alcohol Suspected Alcohol Use Suspected Drug Use
Alcohol Test Given Alcohol Test Type Alcohol Test Results
Drug Test Given Drug Test Type Drug Test Results
Drug Type
Individual Condition
Violations
UTC Number Issue To? Statute Number Description
AE753255 001 346.57(2) FAILURE TO KEEP VEHICLE UNDER CONTROL

Unit Summary

UNIT 02
Unit Status Vehicle Operating As Classification Unit Type
IN TRANSIT D CLASS AUTOMOBILE
Vehicle Type Operating As Endorsements
(SPORT) UTILITY VEHICLE
Total Occs Train/Bus # Recorded Total # Citations Issued Total Trailers Total HazMat Types
3 0 0 0 0
Insurance? Direction Of Travel Pre Crash Tire Mark Speed Limit Total Lanes
YES NORTHBOUND [ ] 65 4
Most Harmful Event: Collision With Special Function Emergency Motor Vehicle Use
MOTOR VEH IN TRANSPORT NO SPECIAL FUNCTION NOT APPLICABLE
Traffic Way Traffic Control Traffic Control Inoperative/Missing
DIVIDED HWY W/O TRAFFIC BARRIER NO CONTROL NO
Surface Type Road Curvature Road Grade
CONCRETE STRAIGHT LEVEL
Truck Bus or HazMat
NO

Vehicle

UNIT 02 VEHICLE
License Plate Number Plate Type St Country of Issuance
942VWE AUT - AUTOMOBILE WI UNITED STATES
Vehicle Identification Number Make Year Model
1GNFK16Z72J144813 CHEVROLET 2002 SUBURBAN
Color Body Style Bus Use
BLK - BLACK UT - SPORT UTILITY VEHICLE NOT A BUS
Initial Contact Point Vehicle Damage
11--LEFT FRONT CORNER 1--RIGHT FRONT CORNER, 10--LEFT SIDE FRONT, 11--LEFT FRONT CORNER, 12--FRONT
Extent Of Damage
DISABLING DAMAGE
Towed Due To Damage Vehicle Removed By
TOWED DUE TO DISABLING DAMAGE EVERETTS TOWING
What Driver Was Doing Vehicle Factors
GOING STRAIGHT
Driver Prior Action Other
NOT APPLICABLE

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

UNIT VEHICLE	Driver Actions <b>NO CONTRIBUTING ACTION</b>		
	02	02	Owner Name <b>LARRY RICHARD HITCHCOCK (608) 963-6684</b>
			Owner Address <b>410 8TH STREET CIR PRAIRIE DU SAC, WI 53578 , US</b>
<b>Sequence Of Events</b>			
UNIT 01 02 03 04	01	Event <b>MOTOR VEH IN TRANSPORT</b>	
	02	Event <b>RUN OFF ROADWAY RIGHT</b>	
	03	Event	
	04	Event	
<b>Policy Holder</b>			
UNIT	Insurance Company <b>PEKIN-INS-CO</b>		Individual <b>LARRY HITCHCOCK</b>
	<b>Individual</b>		
UNIT INDIVIDUAL	Driver <b>LARRY RICHARD HITCHCOCK (608) 963-6684</b>		Citations Issued <b>0</b>
			Sex <b>MALE</b>
			Date of Birth <b>WHITE</b>
Address <b>410 8TH STREET CIR PRAIRIE DU SAC, WI 53578 , US</b>		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
UNIT 004	<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
	<b>Injury</b>		Injury Severity <b>POSSIBLE 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  
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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>SUSAN L HITCHCOCK (608) 963-6684</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>
	Address <b>410 8TH ST CIR PRAIRIE DU SAC, WI 53578 , US</b>		Date of Birth Race <b>WHITE</b>
Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
UNIT INDIVIDUAL	<b>Safety Equipment</b>	On Duty Crash	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>
	Seat Position <b>3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER</b>		
	Helmet Use	Helmet Compliance	
	Eye Protection	Tint Compliance	
	<b>Injury</b>	Injury Severity <b>SUSPECTED MINOR 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>EMS GROUND</b>	EMS Agency Identifier <b>6000368</b>	EMS Run #
	Hospital <b>ST CLARE HOSP</b>	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
	<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>KATHERINE ANN KNUTH</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>
	Address <b>2701 5TH AVE SOUTH MILWAUKEE, WI 53172 , US</b>		Date of Birth Race <b>WHITE</b>
Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
UNIT INDIVIDUAL	<b>Safety Equipment</b>	On Duty Crash	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>
	Seat Position <b>6--SECOND SEAT-RIGHT SIDE</b>		
	Helmet Use	Helmet Compliance	
	Eye Protection	Tint Compliance	
	<b>Injury</b>	Injury Severity <b>SUSPECTED MINOR 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>EMS GROUND</b>	EMS Agency Identifier <b>6000368</b>	EMS Run #
	Hospital <b>ST CLARE HOSP</b>	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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<b>UNIT</b>	<b>INDIVIDUAL</b>	Action			
		Action Other			To/From School
<b>02</b>	<b>006</b>	<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>			