

6TL09PBQCR
19-15005

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 19-15005	Investigating Officer/Deputy DEPUTY B. STODDARD	
Crash Date 12/06/2019		Crash Time 12:48 PM	Date Arrived 12/06/2019	Time Arrived 12:57 PM	
Date Notified 12/06/2019		Time Notified 12:48 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 type="checkbox"/> Work Zone	<input checked="" type="checkbox"/> Trailer or Towed	<input checked="" 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	

Description

<p>Diagram</p> <p>Not to Scale</p>	Reconstruction By
	Photos By
	Additional Information NONE

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

UNIT 1 WAS NORTH ON CTH P AND TURNED LEFT WEST ONTO CTH H. UNIT 2 WAS WEST ON CTH H. UNIT 1 OPERATOR DIDN'T SEE UNIT 2. UNIT 1 OPERATOR PULLED OUT IN FRONT OF UNIT 2. UNIT 2 REAR-ENDED UNIT 1.

Location

ON CTHH WB 136 FT W OF CTHP NB IN THE TOWN OF DELLONA IN SAUK COUNTY	Latitude 43.59228535	Longitude -89.910689144
	X Coordinate 265040.875	Y Coordinate 4830707.5
	Structure Type	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 02--FRONT TO REAR		Light Condition DAYLIGHT	
Road Surface Condition(s) DRY		Roadway Factor(s) NONE	
Environment 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 T-INTERSECTION	

Unit Summary

UNIT 01	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 WESTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 55	Total Lanes 2	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

Vehicle

UNIT 01 VEHICLE	License Plate Number 899DJZ		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
	Vehicle Identification Number 3GNDA23P06S597467		Make CHEVROLET	Year 2006	Model HHR LT	
	Color SIL - SILVER (ALUMINUM)		Body Style VN - VAN		Bus Use NOT A BUS	
	Initial Contact Point 6--REAR		Vehicle Damage			
	Extent Of Damage DISABLING DAMAGE		6--REAR			
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By REEDSBURG SALVAGE			
	What Driver Was Doing ACCELERATING IN ROAD		Vehicle Factors			
	Driver Prior Action Other		NOT APPLICABLE			

WISCONSIN MOTOR VEHICLE
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UNIT	VEHICLE	Driver Actions LOOKED BUT DID NOT SEE	
		Owner Name ANGELINE M KAMINSKI (608) 254-6052	Owner Address 163 WHITETAIL BLVD BARABOO, WI 53913 , US
01	01	Sequence Of Events	
	01	Event MOTOR VEH IN TRANSPORT	
	02	Event	
	03	Event	
	04	Event	
UNIT	Policy Holder		
	Insurance Company AMERICAN-FAMILY-INS-CO	Individual ANGELINE KAMINSKI	
UNIT	Individual		
	Driver ANGELINE M KAMINSKI (608) 254-6052	Citations Issued 0	Sex FEMALE
		Date of Birth	Race WHITE
	Address 163 WHITETAIL BLVD BARABOO, WI 53913 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
UNIT	Safety Equipment	On Duty Crash	Safety Equipment
		Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY	SHOULDER & LAP BELT
	Helmet Use	Helmet Compliance	
	Eye Protection	Tint Compliance	
	Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE
	Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #
Hospital	Date of Death	Time of Death	
Distracted By	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		
Distracted By Action NOT DISTRACTED			
Non Motorist	Striking Unit #	Location	
Prior Action			

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UNIT	INDIVIDUAL	Action			
		Action Other			To/From School
01	001	Drug & Alcohol	Suspected Alcohol Use NO	Suspected Drug Use NO	
		Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Results	
		Drug Type			
		Individual Condition APPEARED NORMAL			

Unit Summary

UNIT	02	Unit Status IN TRANSIT	Vehicle Operating As Classification A CLASS	Unit Type TRUCK		
		Vehicle Type TRUCK TRACTOR (SEMI ATTACHED)	Operating As Endorsements N - TANKER			
		Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 1	Total HazMat Types 0
		Insurance? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	Total Lanes 2
		Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION	Emergency Motor Vehicle Use NOT APPLICABLE	
		Traffic Way TWO-WAY, NOT DIVIDED		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				

UNIT	02	Vehicle			
		License Plate Number TS48637	Plate Type TOR - TRACTOR	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 1M1AW09Y69N007529	Make MACK	Year 2009	Model 600
		Color RED - RED	Body Style TC - TRACTOR	Bus Use NOT A BUS	
		Initial Contact Point 12--FRONT	Vehicle Damage		
		Extent Of Damage FUNCTIONAL DAMAGE	12--FRONT		
		Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR		
		What Driver Was Doing GOING STRAIGHT	Vehicle Factors		
		Driver Prior Action Other	NOT APPLICABLE		

UNIT VEHICLE	Driver Actions NO CONTRIBUTING ACTION					
	Owner Name TRIPLE B MILK TRANSPORT LLC (608) 604-7380	Owner Address 447 KICKAPOO ST READSTOWN, WI 54652 , US				
02	Sequence Of Events					
01	Event MOTOR VEH IN TRANSPORT					
02	Event					
03	Event					
04	Event					
UNIT	Policy Holder					
	Insurance Company GREATER INSURANCE SERVICE CORP	Organization/Company TRIPLE B MILK TRANSPORT LLC				
UNIT TRAILER/ TOWED	Trailer/Towed					
	Trailer Plate # 665018	Plate Type STL - SEMI	Make WALK	State WI	Country of Issuance UNITED STATES	
02	Unit Type SEMI TRAILER	Organization/Company TRIPLE B MILK TRANSPORT LLC (608) 604-7380		Address 447 KICKAPOO ST READSTOWN, WI 54652 , US		
	Vehicle Identification Number 1W9S82025P1030181					
UNIT INDIVIDUAL	Individual					
	Driver TREVER JAMES ROSE (608) 383-3582		Citations Issued 0		Sex MALE	
	Date of Birth		Race WHITE			
	Address 13095 W RIDGE RD BLUE RIVER, WI 53518 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES			
02	Safety Equipment		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			
	Injury		Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED		
002	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	
	Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)			
	Distracted By Action NOT DISTRACTED					

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UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location			
		Prior Action						
		Action						
02	002	Action Other						
		To/From School						
		Drug & Alcohol		Suspected Alcohol Use NO	Suspected Drug Use NO			
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type		Alcohol Test Results		
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results		
		Drug Type						
		Individual Condition APPEARED NORMAL						
		Carrier						
		02	01	<input checked="" type="checkbox"/> Use Vehicle Owner Same as Carrier			Source VEHICLE-SIDE	
				Name TRIPLE B MILK TRANSPORT LLC USDOT# 2360795			Address 447 KICKAPOO ST READSTOWN, WI 54652 , US	
GVWR MORE THAN 26,000 LB				Vehicle Configuration TRUCK TRACTOR/SEMI-TRAILER		Cargo Body Type UNKNOWN		
US DOT # 2360795				Carrier Type INTRASTATE CARRIER		Permitted Load NOT APPLICABLE		
<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				
UNIT	TRUCK BUS	Measured Height		Measured Length				
				Measured Width				
		Measured Weight						