

6TL0B8M7X2
20-12100

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 20-12100		Investigating Officer/Deputy DEPUTY B. MEARS	
Crash Date 10/13/2020		Crash Time 07:55 AM		Date Arrived 10/13/2020		Time Arrived 08:11 AM	
Date Notified 10/13/2020		Time Notified 07:58 AM		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 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

Diagram		Reconstruction By
		Photos By DEPUTY MEARS
		Additional Information PHOTOS

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

UNIT WAS WB ON CTH B/MAIN ST APPROACHING STH 23/WACHTER AVE IN PLAIN. A MILK TRUCK WAS PARKED AT THE SHELL STATION AT THE GAS PUMPS GETTING GAS, BLOCKING THE VIEW OF THE STOP SIGN FOR WB UNITS ON MAIN ST AT THE INTERSECTION WITH WACHTER AVE. OPERATOR CONTINUED WB ACROSS WACHTER NOT STOPPING AT THE STOP SIGN. UNIT #2 WAS SOUTH BOUND ON STH 23/WACHTER AVENUE AND STRUCK THE TRUCK AS IT WAS CROSSING THE INTERSECTION. BOTH UNITS PULLED OFF THE ROADWAY, THEN CONTACTED LAW ENFORCEMENT. OCCUPANTS OF UNIT 1 SAID THEY DID NOT SEE THE STOP SIGN AS IT WAS NOT VISIBLE AND WERE NOT FROM THE AREA. PHOTOS WERE TAKEN OF THE TRUCK BLOCKING THE VIEW OF THE STOP SIGN. THERE NS WEREWERE NO INJURIES. UNIT #1 HAD DAMAGE TO A REAR RT SIDE TIRE AND A METAL BRACE MISSING FROM THE UNDERCARRAIGE, THE OPERATORS DROVE IT AWAY. UNIT 2 OPERATOR HAD MOVED INTO A LEGAL PARKING PLACE. UNIT 2 HAD HEAVY FRONT END/UNDERCARRAIGE DAMAGE. OPERATOR HAD MOVED UNIT TO A LEGAL PARKING SPACE AND WAS IN THE PROCESS OF WORKING WITH HIS INSURANCE TO HAVE IT TOWED.

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Location

ON STH23 EB 22 FT N OF MAIN ST/ CTHB WB IN THE VILLAGE OF PLAIN IN SAUK COUNTY	Latitude 43.278905726	Longitude -90.044021648
	X Coordinate 253004.84375	Y Coordinate 4796288
	Structure Type	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 01 - ANGLE	Light Condition DAYLIGHT	
Road Surface Condition(s) DRY	Roadway Factor(s) SIGN OBSCURED/MISS	
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	Intersection Type FOUR-WAY INTERSECTION

Unit Summary

UNIT 01	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type TRUCK		
	Vehicle Type STRAIGHT TRUCK (INSERT TRUCK)	Operating As Endorsements			
	Total Occs 2	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 25	Total Lanes 02
	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 STOP SIGN	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 VEHICLE 01 01	Vehicle			
	License Plate Number 42726X	Plate Type APO - APPORTIONED	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 2NKHHM6X0JM188478	Make KENWORTH MOTOR TRU	Year 2018	Model UNK
	Color WHI - WHITE	Body Style DS - TRACTOR-TRUCK DIESEL	Bus Use	
	Initial Contact Point 03 - RIGHT SIDE MIDDLE	Vehicle Damage 03 - RIGHT SIDE MIDDLE, 14 - UNDERCARRIAGE		
Extent Of Damage FUNCTIONAL DAMAGE				

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UNIT VEHICLE	Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR	
	What Driver Was Doing GOING STRAIGHT	Vehicle Factors	
	Driver Prior Action Other	NOT APPLICABLE	
	Driver Actions FAILED TO YIELD RIGHT-OF-WAY		
01 01	Owner Name GORILLA MOVERS OF WISCONSIN (608) 318-6060	Owner Address 310 PROGGRESIVE WAY SUITE 140 SUN PRAIRIE, WI 53590 , US	
	Sequence Of Events		
01 02 03 04	Event MOTOR VEH IN TRANSPORT		
	Event		
	Event		
	Event		
UNIT	Policy Holder		
	Insurance Company AMERICAN-FAMILY-INS-CO	Organization/Company GORILLA MOVERS OF WISCONSIN	
UNIT INDIVIDUAL	Individual		
	Driver JEFFREY JAMES DONALDSON (608) 318-6060	Citations Issued 0	Sex MALE
		Date of Birth [REDACTED]	Race WHITE
	Address 1320 OKEEFE AVE 204 SUN PRAIRIE, WI 53590 , US	Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES	
01 001	Safety Equipment		On Duty Crash
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	Safety Equipment 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	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					
		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					
		Individual					
		Passenger ISAAC DARYL CRAWMER (920) 344-9643			Citations Issued 0	Sex MALE	
Address 244 S MAIN ST FALL RIVER, WI 53932 , US			Date of Birth [REDACTED]	Race WHITE			
Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES							
01	002	Safety Equipment		On Duty Crash	Safety Equipment		
		Row 01 - FRONT ROW	Seat Position 09 - RIGHT	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	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					
Distracted By Action							
Non Motorist		Striking Unit#	Location				

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UNIT	INDIVIDUAL	Prior Action				
		Action				
		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				
		<input checked="" type="checkbox"/> Use Vehicle Owner Same as Carrier		Source VEHICLE-SIDE		
Name GORILLA MOVERS OF WISCONSIN USDOT# 2627768		Address 310 PROGRESSIVE WAY SUITE 140 SUN PRAIRIE, WI 53590 , US				
GVWR 10,001-26,000 LBS		Vehicle Configuration SINGLE-UNIT TRUCK (2-AXLE AND GVWR MORE THA		Cargo Body Type VAN/ENCLOSED BOX		
US DOT # 2627768		Carrier Type INTERSTATE 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		
Measured Height		Measured Length		Measured Width		
				Measured Weight		

Unit Summary									
UNIT	02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type TRUCK			
		Vehicle Type UTILITY TRUCK/PICKUP TRUCK				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 SOUTHBOUND		Pre Crash Tire Mark <input type="checkbox"/>	
		Speed Limit 25		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 WARNING SIGN			Traffic Control Inoperative/Missing NO	
		Surface Type BLACKTOP (BITUMINOUS)			Road Curvature STRAIGHT			Road Grade LEVEL	
		Truck Bus or HazMat NO							

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UNIT 02	VEHICLE	Vehicle			
		License Plate Number GA2515	Plate Type LTK - LIGHT TRUCK	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 5TFUM5F14AX013751	Make TOYOTA	Year 2010	Model TUNDRA
		Color DGR - GREEN, DARK	Body Style PK - PICKUP	Bus Use	
		Initial Contact Point 12 - FRONT	Vehicle Damage 01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT, 14 - UNDERCARRIAGE		
		Extent Of Damage DISABLING DAMAGE			
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By UNKNOWN		
		What Driver Was Doing GOING STRAIGHT	Vehicle Factors NOT APPLICABLE		
		Driver Prior Action Other			
		Driver Actions NO CONTRIBUTING ACTION			
UNIT 02	VEHICLE	Owner Name DIRK NEUVILLE VEVEA (715) 506-0183	Owner Address 131557 FOUR MILE RD EDGAR, WI 54426 , US		
		Sequence Of Events			
UNIT 01	VEHICLE	Event MOTOR VEH IN TRANSPORT			
		Event			
		Event			
		Event			
UNIT 02	VEHICLE	Policy Holder			
		Insurance Company AMERICAN-FAMILY-INS-CO	Individual DIRK VEVEA		
UNIT 02	INDIVIDUAL	Individual			
		Driver DIRK NEUVILLE VEVEA (715) 506-0183	Citations Issued 0	Sex MALE	
		Date of Birth [REDACTED]	Race WHITE		
UNIT 02	INDIVIDUAL	Address 131557 FOUR MILE RD EDGAR, WI 54426 , US	Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES		
		Safety Equipment			
UNIT 02	INDIVIDUAL	On Duty Crash	Safety Equipment SHOULDER & LAP BELT		
		Row 01 - FRONT ROW	Seat Position 07 - LEFT		
		Helmet Use	Helmet Compliance		
		Eye Protection	Tint Compliance		

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02 003	Injury		Injury Severity NO APPARENT INJURY	Airbag DEPLOYED-FRONT		
	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			
	Non Motorist		Striking Unit #	Location		
	Prior Action					
	Action					
	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						