

6TL0B655QP  
20-13737

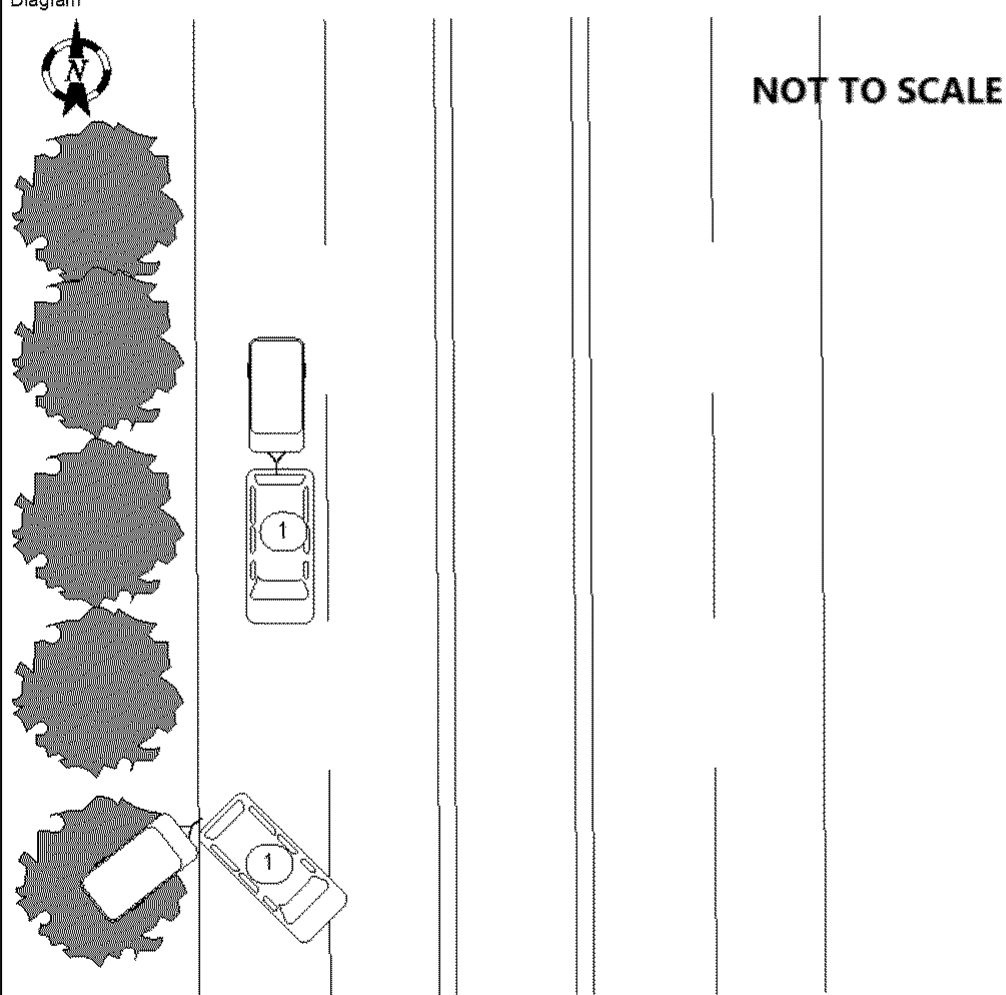
# WISCONSIN MOTOR VEHICLE CRASH REPORT

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 20-13737	Investigating Officer/Deputy <b>DEPUTY W. NEUBAUER</b>	
Crash Date 12/05/2020		Crash Time 10:20 AM	Date Arrived 12/05/2020	Time Arrived 10:25 AM	
Date Notified 12/05/2020		Time Notified 10:20 AM	Total Units 01	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 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 9140
	Additional Information NONE, PHOTOS

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

UNIT 1 WAS TRAVELING S/B ON USH 12 TOWING A TRAILER WITH A TRACTOR ON IT. TRAILER BEGAN TO SWERVE AND DRIVER LOST CONTROL OF IT. TRAILER JACKKNIFED AND WENT INTO THE DITCH, PULLING THE UNIT 1 WITH IT.

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Location

ON USH12 EB 1.18 MI N OF GROTH RD IN THE TOWN OF SUMPTER IN SAUK COUNTY	Latitude 43.396324815	Longitude -89.772645554
	X Coordinate 275459.125	Y Coordinate 4808561.5
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event <b>JACKKNIFE</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>00 - NO COLLISION W/VEHICLE IN TRANSPORT</b>	Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>		
Weather Condition(s) <b>CLEAR</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>

Unit Summary

<b>UNIT</b>	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>PASSENGER VAN</b>	Operating As Endorsements			
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>1</b>	Total HazMat Types <b>0</b>
	Insurance? <b>YES</b>	Direction Of Travel <b>EASTBOUND</b>	<input checked="" type="checkbox"/> <b>Pre Crash Tire Mark</b>	Speed Limit <b>55</b>	Total Lanes <b>4</b>
	Most Harmful Event: Collision With <b>JACKKNIFE</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>
	Traffic Way <b>TWO-WAY, DIVIDED, UNPROTECTED (PAINTED &gt; 4</b>		Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>DOWNHILL</b>
	Truck Bus or HazMat <b>NO</b>				

Vehicle

<b>UNIT</b>	<b>VEHICLE</b>	License Plate Number <b>72293FF</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>IL</b>	Country of Issuance <b>UNITED STATES</b>	
		Vehicle Identification Number <b>1GCHG39U531206306</b>	Make <b>CHEVROLET</b>	Year <b>2003</b>	Model <b>EXPRESS</b>	
		Color <b>TAN - TAN</b>	Body Style <b>VN - VAN</b>		Bus Use	
		Initial Contact Point <b>00 - NON-COLLISION</b>	Vehicle Damage <b>01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE, 04 - RIGHT SIDE REAR, 05 - RIGHT REAR CORNER, 06 - REAR, 07 - LEFT REAR CORNER, 08 - LEFT SIDE REAR, 09 - LEFT SIDE MIDDLE, 10 - LEFT</b>			
		Extent Of Damage <b>DISABLING DAMAGE</b>				

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UNIT VEHICLE	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>	Vehicle Factors		
	Driver Prior Action Other	<b>UNKNOWN</b>		
	Driver Actions <b>NO CONTRIBUTING ACTION</b>			
01	01	Owner Name <b>EUGENIUSZ JASTRZEBSKI (847) 401-9039</b>	Owner Address <b>4117 ATLANTIC AVE SCHILLER PARK, IL 60176 , US</b>	
<b>Sequence Of Events</b>				
	01	Event <b>MOTOR VEH IN TRANSPORT</b>		
	02	Event <b>JACKKNIFE</b>		
	03	Event <b>RUN OFF ROADWAY RIGHT</b>		
	04	Event		
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>ALLSTATE-INS-CO</b>		Individual <b>EUGENIUSZ JASTRZEBSKI</b>	
UNIT TRAILER	<b>Trailer/Towed</b>			
	Trailer Plate # <b>1419NYTA</b>	Plate Type <b>TRL - TRAI</b>	Make <b>UNK</b>	State <b>IL</b>
	Country of Issuance <b>UNITED STATES</b>			
	Unit Type <b>EQUIPMENT</b>	Individual <b>EUGENIUSZ JASTRZEBSKI (847) 401-9039</b>		Address <b>4117 ATLANTIC AVE SCHILLER PARK, IL 60176 , US</b>
	Vehicle Identification Number			
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>EUGENIUSZ JASTRZEBSKI (847) 401-9039</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
	Address <b>4117 ATLANTIC AVE SCHILLER PARK, IL 60176 , US</b>		Date of Birth [REDACTED]	Race <b>WHITE</b>
			Driver License Number [REDACTED] <b>STATE: ILLINOIS COUNTRY: UNITED STATES</b>	
01 001	<b>Safety Equipment</b>		On Duty Crash	
			Safety Equipment	
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	<b>SHOULDER &amp; LAP BELT</b>	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	<b>Injury</b>	Injury Severity <b>NO APPARENT 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>	

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UNIT INDIVIDUAL           01 001	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				
	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>				