

6TL0BNZM2Q  
21-07413

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 21-07413		Investigating Officer/Deputy DEPUTY A. BREUNIG	
Crash Date 08/07/2021		Crash Time 08:38 AM		Date Arrived 08/07/2021		Time Arrived 08:56 AM	
Date Notified 08/07/2021		Time Notified 08:40 AM		Total Units 02		Total Injured 01	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 A BREUNIG
	Additional Information PHOTOS

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

UNIT 1 WAS TRAVELING NORTHBOUND ON TESSERS RD. THE ROAD IS CONTROLLED WITH A STOP SIGN AT CTH H. UNIT 2 WAS TRAVELING EASTBOUND ON CTH H APPROACHING TESSERS RD. THERE IS A CURVE TO THE LEFT FOR EASTBOUND CTH H. UNIT 1 TRAVELED ONTO CTH H AND ATTEMPTED A LEFT TURN. UNIT 1 TRAVELED INTO THE PATH OF UNIT 2. UNIT 2 STRUCK UNIT 1 IN THE DRIVERS SIDE BACK QUARTER PANEL. UNIT 1 SPUN AROUND AND CAME TO REST FACING SOUTHBOUND IN THE NORTH DITCH LINE. UNIT 2 CAME TO A STOP EAST OF THE CRASH LOCATION. VIDEO FROM THE SEMI SHOWED THE SPEED AT 45 MPH AND THAT UNIT 1 FAILED TO COMPLETELY STOP AT THE STOP SIGN AND TRAVEL RIGHT INTO THE PATH OF THE SEMI.

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Location

ON TESSERS RD 11 FT S OF CTHH WB IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude 43.619660018	Longitude -89.816998375
	X Coordinate 272707.375	Y Coordinate 4833487
	Structure Type	

Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>01 - ANGLE</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>CLOUDY</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>INTERSECTION-RELATED</b>	Intersection Type <b>T-INTERSECTION</b>

Unit Summary

UNIT 01	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>AUTOMOBILE</b>		
	Vehicle Type <b>PASSENGER CAR</b>	Operating As Endorsements			
	Total Occs <b>3</b>	Train/Bus # Recorded	Total # Citations Issued <b>3</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 Tire Mark	Speed Limit <b>55</b>	Total Lanes <b>2</b>
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>	Special Function <b>NO SPECIAL FUNCTION</b>	Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>		
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>	Traffic Control <b>STOP SIGN</b>	Traffic Control Inoperative/Missing <b>NO</b>		
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>	Road Curvature <b>CURVE RIGHT</b>	Road Grade <b>LEVEL</b>		
	Truck Bus or HazMat <b>NO</b>				

Vehicle

UNIT VEHICLE 01	License Plate Number <b>CT32890</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>IL</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>3MEFM07Z36R618052</b>	Make <b>MERCURY</b>	Year <b>2006</b>	Model <b>MILA</b>
	Color <b>MAR - MAROON (BURGUNDY)</b>	Body Style <b>4D - 4DR</b>	Bus Use	
	Initial Contact Point <b>08 - LEFT SIDE REAR</b>	Vehicle Damage <b>05 - RIGHT REAR CORNER, 06 - REAR, 07 - LEFT REAR CORNER, 08 - LEFT SIDE REAR</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>PLATTS WRECKER</b>	
	What Driver Was Doing <b>LEFT TURN</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>FAILED TO YIELD RIGHT-OF-WAY, DISREGARDED STOP SIGN</b>			
01 01	Owner Name <b>ANTHONY SIMON (630) 345-2857</b>		Owner Address <b>32 N CHURCH ST #B ADDISON, IL 60101 , US</b>	
	<b>Sequence Of Events</b>			
01 02 03 04	Event <b>LEFT TURN</b>			
	Event <b>MOTOR VEH IN TRANSPORT</b>			
	Event			
	Event			
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>AMERICAN HEARTLAND INS CO</b>		Individual <b>ANTHONY SIMON</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>ANTHONY SIMON (630) 345-2857</b>		Citations Issued <b>3</b>	Sex <b>MALE</b>
	Address <b>32 N CHURCH ST #B ADDISON, IL 60101 , US</b>		Date of Birth [REDACTED]	Race <b>HISPANIC</b>
			Driver License Number [REDACTED] <b>STATE: ILLINOIS COUNTRY: UNITED STATES</b>	
01 001	<b>Safety Equipment</b>		On Duty Crash	
	Row <b>01 - FRONT ROW</b>		Seat Position <b>07 - LEFT</b>	
	Helmet Use		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
	Eye Protection		Helmet Compliance	
	Tint Compliance		Airbag <b>NON DEPLOYED</b>	
	<b>Injury</b>		Injury Severity <b>SUSPECTED MINOR INJURY</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		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>		
Distracted By Action <b>NOT DISTRACTED</b>				

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

UNIT	INDIVIDUAL	<b>Non Motorist</b>		Striking Unit #	Location		
		Prior Action					
		Action					
		Action Other				To/From School	
01	001	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use NO	Suspected Drug Use NO		
		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>ANAHY ANAHY CARDONA</b> (630) 402-8021			Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
Address <b>32 N CHURCH ST#B</b> <b>ADDISON, IL 60101 , US</b>			Date of Birth [REDACTED]	Race <b>HISPANIC</b>			
Driver License Number <b>STATE: ILLINOIS COUNTRY: UNITED STATES</b>							
01	002	<b>Safety Equipment</b>		On Duty Crash	Safety Equipment		
		Row <b>02 - SECOND ROW</b>	Seat Position <b>09 - RIGHT</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>NOT APPLICABLE</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					
Distracted By Action							
<b>Non Motorist</b>		Striking Unit #	Location				

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UNIT	INDIVIDUAL	Prior Action	
		Action	
		Action Other	To/From School
01	002	<b>Drug &amp; Alcohol</b>	
		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	INDIVIDUAL	<b>Individual</b>	
		Passenger JULIAN SIMON (630) 345-2857	Citations Issued 0
			Sex MALE
			Date of Birth [REDACTED]
			Race HISPANIC
		Address 32 N CHURCH ST #B ADDISON, IL 60101 , US	Driver License Number
		<b>Safety Equipment</b>	
		On Duty Crash EMT/FIRST-RESPONDER	Safety Equipment SHOULDER BELT ONLY
		Row 02 - SECOND ROW	Seat Position 08 - MIDDLE
		Helmet Use	Helmet Compliance
Eye Protection	Tint Compliance		
01	003	<b>Injury</b>	
		Injury Severity NO APPARENT INJURY	Airbag NOT APPLICABLE
		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			
Distracted By Action			
<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 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							
	<b>Violations</b>							
	01	003	01	01	UTC Number BD756419	Issue To? 001	Statute Number 343.05(3)(a)	Description OPERATE W/O VALID LICENSE (1ST VIOLATION)
			02	01	UTC Number BD756420	Issue To? 001	Statute Number 346.18(3)	Description FAIL/YIELD RIGHT/WAY FROM STOP SIGN
		03	01	UTC Number BD756421	Issue To? 001	Statute Number 347.48(4)(am)	Description VIOL OF CHILD SAFETY RESTRAINT - CHILD UNDER 4 YEARS OF AGE	

**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	
	Total Occs 1		Train/Bus # Recorded		Total # Citations Issued 0	
	Total Trailers 1		Total HazMat Types 0			
	Insurance? YES		Direction Of Travel EASTBOUND		<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 CURVE LEFT	
	Road Grade SAG(BOTTOM)		Truck Bus or HazMat TRUCK OR TRUCK COMBINATION > 10,000LBS GVWR/GCWR			
	02 02	<b>Vehicle</b>				
License Plate Number 45398X		Plate Type APO - APPORTIONED		St WI	Country of Issuance UNITED STATES	
Vehicle Identification Number 3AKJGLDR2HSHY0586		Make FREIGHTLINER CORP		Year 2017	Model CASCADIA	
Color RED - RED		Body Style TK - TRUCK		Bus Use		

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UNIT VEHICLE	Initial Contact Point <b>11 - LEFT FRONT CORNER</b>		Vehicle Damage <b>11 - LEFT FRONT CORNER, 12 - FRONT</b>		
	Extent Of Damage <b>DISABLING DAMAGE</b>				
	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>SKINNER TRANSFER</b>		
	What Driver Was Doing <b>BACKING</b>		Vehicle Factors <b>NOT APPLICABLE</b>		
	Driver Prior Action Other				
UNIT VEHICLE	Driver Actions <b>NO CONTRIBUTING ACTION</b>				
	Owner Name <b>SKINNER TRANSPORTATION CORP (608) 524-2326</b>		Owner Address <b>2020 E MAIN ST REEDSBURG, WI 53959 , US</b>		
UNIT VEHICLE	<b>Sequence Of Events</b>				
	01	Event <b>MOTOR VEH IN TRANSPORT</b>			
	02	Event			
	03	Event			
	04	Event			
UNIT VEHICLE	<b>Policy Holder</b>				
	Insurance Company <b>TRAVELERS-INDEMNITY-CO-OF-CONNECTICUT</b>		Organization/Company <b>SKINNER TRANSPORTATION CORP</b>		
UNIT TRAILER	<b>Trailer/Towed</b>				
	Trailer Plate # <b>732312</b>	Plate Type <b>STL - SEMI</b>	Make <b>HYUN</b>	State <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Unit Type <b>FULL TRAILER</b>	Organization/Company <b>SKINNER TRANSPORTATION CORP (608) 524-2326</b>			Address <b>2020 E MAIN ST REEDSBURG, WI 53959 , US</b>
	Vehicle Identification Number <b>3H3V532CXJR233002</b>				
UNIT INDIVIDUAL	<b>Individual</b>				
	Driver <b>DAVID ARNOLD GEHRKE (715) 896-6101</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>	
			Date of Birth <b>[REDACTED]</b>	Race <b>WHITE</b>	
	Address <b>411 4TH ST TAYLOR, WI 54659 , US</b>		Driver License Number <b>[REDACTED]</b> <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
UNIT INDIVIDUAL	<b>Safety Equipment</b>				
	On Duty Crash		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>		
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>			
	Helmet Use		Helmet Compliance		
	Eye Protection		Tint Compliance		

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02 004	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NOT APPLICABLE</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					
	Action					
	02 004	Action Other				
<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>Carrier</b>						
<input checked="" type="checkbox"/> Use Vehicle Owner Same as Carrier			Source <b>VEHICLE-SIDE</b>			
Name <b>SKINNER TRANSPORTATION CORP USDOT# 74466</b>			Address <b>2020 E MAIN ST REEDSBURG, WI 53959 , US</b>			
GVWR <b>MORE THAN 26,000 LB</b>		Vehicle Configuration <b>TRUCK TRACTOR/SEMI-TRAILER</b>		Cargo Body Type <b>VAN/ENCLOSED BOX</b>		
US DOT # <b>74466</b>		Carrier Type <b>INTERSTATE CARRIER</b>		Permitted Load <b>NOT APPLICABLE</b>		
<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						