6TL0BGSFGC 21-08890

WISCONSIN MOTOR VEHICLE CRASH REPORT

SAUK COUNTY SHERIFFS DEPARTMEN 1300 LANGE COURT BARABOO, WI 53913 (608) 356-4895

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Document Number Overri	de				Crash Number 390	Investigating Officer/Deputy DEPUTY D. KROLIKOWSKI			
Crash Date 09/17/2021		Oldon Fillio		Date Arrived 09/17/2021		Time Arrived 01:38 PM			
Date Notified 09/17/2021		Time Notified 01:27 PM		Total U	nits	Total Injured 01	· · · · · · · · · · · · · · · · · · ·		
On Emergency Hi		t and Run 🔽 Lane Closu		re Work Zone		☐ Trailer or Towed		Reporting Threshold	
Government Property		Active School Zone		School Bus Related NO		Tags			
Reportable	Crash Type DT4000 (STA	NDARD CRASH)		Amended Secondary Crash				

Description



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

UNIT 1 WAS WEST BOUND ON HWY 136 WHEN IT CROSSED THE CENTERLINE AND ENTERED INTO UNIT 2'S LANE AS UNTI 2 WAS IN IT'S OWN EASTBOUND LANE JUST CRESTING A HILL. UNIT 1 STRUCK UNIT 2 IN UNIT 2'S DRIVER'S SIDE FRONT WHEEL, CAUSING THE DUMP TRUCK TO OVERTURN AND LAND ON IT'S RIGHT SIDE, BLOCKING BOTH LANES OF TRAFFIC. UNIT 1 CAME TO REST ON THE SOUTH SIDE OF THE ROAD.

Wisconsin Motor Vehicle Crash

Form DT4000

Crash Date 09/17/2021
Crash Time 01:27 PM

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SAUK COUNTY SHERIFFS DEPARTMEN 1300 LANGE COURT BARABOO, WI 53913 (608) 356-4895

Crash Date 09/17/2021

Crash Time 01:27 PM

Location ——										
ON E BROADWAY/ STH13	86 WB				Latitude			Longitud	de	
0.60 MI E						43.476086077 -89.896878637				
OF SMYTHE ST					X Coordinate Y Coordinate				inate	
IN THE TOWN OF EXCEL IN SAUK COUNTY	SIUR				265705.9375 4817762.5					
IN SAUK COURT					Structure Type					
					NO STRU	CTURE				
Crash Scene					'					
First Harmful Event					First Harm	ful Europet	o o ation			
MOTOR VEH IN TRANSPO	net .				ON ROAL		ocation			
Manner of Collision					Light Cond					
02 - FRONT TO FRONT					DAYLIGH					
Road Surface Condition(s)					Roadway					
, ,					3 todaway s	actor(5)				
DRY										
Environment Factor(s)					1					
NONE					NONE					
Weather Condition(s)					1					
CLEAR										
AnimalType					Relation To		•			
					TRAFFIC					
Crash Classification - Location					1		Jurisdiction			
PUBLIC PROPERTY Tribal Land					NO SPECIAL JURISDICTION					
Inbaicand					Access Control Special Study NO CONTROL					
M6th in Interval and Aven	lumation to action									
Within Interchange Area NO	Junction Location NON-JUNCTION			Intersection	INTERSECTION					
Closure Type	1011-0011011011		Bass	ons for Clos						
FULL CLOSURE			Reaso	ons for Clos	ure					
Date Initial Lane/Rd Closed	Time Initial Lane/Rd Close	\d	ΙΔW	ENFORCE	EMENT TO	OW TRU	CK FIRE/EM	S MED I	FLIGHT	
09/17/2021	01:41 PM	;u	LA	LINI OILO	EMENT, TOW TRUCK, FIRE/EMS, MED FLIGHT					
Date All Lanes Open	Time All Lanes Open		Date S	Scene Clea	ared Time Scene Cleared					
09/17/2021	06:36 PM		09/17	/2021	06:49 PM					
Unit Summary =	<u>'</u>									
Unit Status		Vehi	cle Ope	erating As C	lassification		UnitType			
IN TRANSIT		D C	LASS				AUTOMOE	BILE		
Vehicle Type		_				Operating As Endorsement			ments	
PASSENGER CAR										
Total Occs	Train/Bus#Recorded	Tota	l#Citat	ions Issued	ł	Total Trai	lers	TotalHaz	MatTypes	
1		0				0		0		
Insurance?	Direction Of Travel		Pre	CrashTire	,	Speed Lir	nit		TotalLanes	
UNKNOWN	WESTBOUND	***************************************		Mark		55		2		
Most Harmful Event: Collision			cial Fun		TION		Emergency NOT APPL			
MOTOR VEH IN TRANSPO	ORT	NO	SPEC	AL FUNC	HUN					
Traffic Way			ic Cont				Traffic Conti	ol Inopera	tive/Missing	
TWO-WAY, NOT DIVIDED			CONT				NO			
Surface Type	_,		d Curva				Road Grade			
,	BLACKTOP (BITUMINOUS) CURVE RIGHT						HILLCRES	T		
Truck Bus or HazMat										
NO										
Vehicle										
License Plate Number			те Туре			St	Country of Iss			
ALV9383				TOMOBIL		WI	UNITED ST	ATES		
Vehicle Identification Nu		Mal				Year	Model			
Ò 2G1WH52K93944300)6	l CH	EVRO	LET		2003	IMPALA			

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Crash Date 09/17/2021

		Color BRZ - BRONZE		Body Style SD - SEDAN		Bus Use					
	ш	Initial Contact Point		Vehicle Damage							
I≡	ō	12 - FRONT					7 8 9 10 11				
NS NS	VEHICLE	Extent Of Damage		15 - ALL AREAS			5 4 3 2 1				
	3	DISABLING DAMAGE Towed Due To Damage		Vehicle Removed By	11 1 10 10 10 10 10 10 10 10 10 10 10 10						
		TOWED DUE TO DISABL	ING DAMAGE	MIKES TOWING							
		What Driver Was Doing		Vehicle Factors							
		NEGOTIATING CURVE		NOT APPLICABLE							
		Driver Prior Action Other									
		Driver Actions									
┖	Щ	UNKNOWN									
	VEHICLE										
_	E S										
				15							
_		OwnerName MELISSA J HEITKE		Owner Address 620 E EDGEWA'							
2	a l			PORTAGE, WI 5	3901 , US						
		Sequence Of Events									
	5	MOTOR VEH IN TRANSP	ORT								
	62	Event CROSS CENTERLINE									
	8	Event									
	8	Event									
		Individual Driver		Citations Issued	Sex						
	۲	MELISSA J HEITKE		0	FEMALE						
	INDIVIDUAL			Date of Birth	Race WHITE						
N N	8	Address		Drivert icense Number							
j⋽	9	620 E EDGEWATER ST									
		PORTAGE, WI 53901 , US	5	STATE: WISCONSIN COUNTRY: UNITED STATES							
		On Duty	Crach	Defet Engineert							
	Sai	fety Equipment	- Ordani	Safety Equipment							
		Row	Seat Position	RESTRAINT USE UNKNOWN							
		01 - FRONT ROW	07 - LEFT								
		HelmetUse		HelmetCompliance							
		Eye Protection		TintCompliance	Tint Compliance						
		Injury S	overity	Aithea							
2	8	<i>Injury</i> FATAL	. INJURY		Airbag DEPLOYED-FRONT						
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT AP	DI ICABI E		Trapped/Extricated TRAPPED/EXTR					
		Medical Transport	MOLESECTED/NOT AP	EMS Agency Identific	er	EMS Run#	ICATED				
		EMS AIR		6001285		211835					
		Hospital	AFNITES.	Date of Death		Time of Death					
		UW HEALTH-AMERICAN	CENTER	09/17/2021		15:44					

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Crash Date 09/17/2021

ı											_
		Distracted By	Distracted By Sourc UNKNOWN	e							
		Distracted By Action UNKNOWN									_
		Non Motorist	Striking Unit#	Location							
		Prior Action									
	7	Action									
TINO	INDIVIDUAL										
		Action Other								To/From School	_
	1	Drug & Alcohol	Suspected Alcohol t	Jse	Suspected Drug Use NO						_
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type				Alcohol Tes	t Results		
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test l	Results				
01	9	Drug Type									
		Individual Condition									
		NOT OBSERVED									
!	Uni	t Summary									
		Status			ehicle Operating As Class	ification		UnitType TRUCK			
		Cle Type		В	B CLASS				s Endorsem	nents	_
05		RAIGHT TRUCK (IN	SERT TRUCK)				- production gr				
	Tota 1	lOccs	Train/Bus#Re	ecorded To	otal#Citations Issued	Tot 0	tal Traile	rs	Total HazN 0	/lat Types	
E	YES	Insurance? Direction Of Travel YES EASTBOUND			Pre CrashTire Mark		Speed Limit 55		Total Lanes 2		
NO		tHarmfulEvent: Collision to the trans			Special Function NO SPECIAL FUNCTION			Emergency Motor Vehicle Use NOT APPLICABLE			
		fic Way		Ti	raffic Control			Traffic Control Inoperative/Missing			
		D-WAY, NOT DIVIDI	ED		O CONTROL			NO Road Grade DOWNHILL			
		ace Type ACKTOP (BITUMINO	ous)		oad Curvature URVE LEFT						
		k Bus or HazMat JCK OR TRUCK CO	MBINATION > 10,	000LBS GVWR/G	GCWR						_
	1	Vehicle	KKKKKKKKKKKKKKK	\$1555555555555555555555555555555555555		********	*****			STEEN SEESTEEN SEESTE SEESTE SEES	
		License Plate Numbe		I	Plate Type HTK - HEAVY TRUCK	St WI		Country of Issuance UNITED STATES			
٥,		Vehicle Identification	Number		Make	Yea		Model	AIES		_
05	8	1FVXFSEBXXPA4	2493		REIGHTLINER CORP	199		CONVENT	ON		
		Color GRN - GREEN		1	Body Style BT - STAKE TRUCK		1	Bus Use			
		Initial Contact Point 11 - LEFT FRONT	CORNER								

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Crash Date 09/17/2021

	it .			Vehicle Damage						
╘	Extent Of Damage DISABLING DAMAGE			01 - RIGHT FRONT	HT SIDE	7 8 9 10 11				
N	I	Extent Of Damage			SIDE MIDDLE, 04					
_	3	DISABLING DAMAGE		REAR, 11 - LEFT F	RONT CORNER, 12	- FRONT, 13 - T	5 A B 2 B			
		Towed Due To Damage	1	Vehicle Removed By						
		TOWED DUE TO DISABLING		CRAIGS TOWING						
		What Driver Was Doing	(Vehicle Factors						
		NEGOTIATING CURVE		NOT APPLICABLE						
		Driver Prior Action Other	['	NOT AFFLICABLE						
		Discontinue								
		Driver Actions NO CONTRIBUTING ACTION	N							
_	Щ	no communications	••							
N	¥									
\supset	VEHICL									
		Owner Name		Owner Address						
		WILLIAM JEFFERY OBERM	EIER	4996 EVERGRE	EN AVE					
8	8	(715) 572-5163		WISCONSIN RA	PIDS, WI 54494 , U	IS				
		Sequence Of Events								
	5	MOTOR VEH IN TRANSPOR	₹T							
		Event								
	8	MOTOR VEH IN TRANSPOR	₹T							
		Event								
	8	L. C.								
		Event								
	8									
		Politari Pala Bay								
늘		Policy Holder		The dividual						
UNIT		Insurance Company	-ins-co	Individual WILLIAM OBERN	IEIER					
INO		Insurance Company PROGRESSIVE-CASUALTY	-INS-CO	Individual WILLIAM OBERN	ieler					
LIND		Insurance Company PROGRESSIVE-CASUALTY Individual	-ins-co	WILLIAM OBERN						
TINO		Insurance Company PROGRESSIVE-CASUALTY		WILLIAM OBERN Citations Issued	Sex					
INO		Insurance Company PROGRESSIVE-CASUALTY Individual Driver		WILLIAM OBERN Citations Issued 0	Sex MALE					
		Insurance Company PROGRESSIVE-CASUALTY Individual Driver WILLIAM JEFFERY OBERM		WILLIAM OBERN Citations Issued	Sex					
		Insurance Company PROGRESSIVE-CASUALTY Individual Driver WILLIAM JEFFERY OBERM (715) 572-5163		WILLIAM OBERN Citations issued Date of Birth	Sex MALE Race WHITE					
UNT TNU		Insurance Company PROGRESSIVE-CASUALTY Individual Driver WILLIAM JEFFERY OBERM		Citations Issued Date of Birth Driver License Number	Sex MALE Race WHITE					
		Insurance Company PROGRESSIVE-CASUALTY Individual Driver WILLIAM JEFFERY OBERM (715) 572-5163 Address	IEIER	Citations Issued Date of Birth Driver License Number	Sex MALE Race WHITE					
	NDIVIDUAL	Insurance Company PROGRESSIVE-CASUALTY Individual Driver WILLIAM JEFFERY OBERM (715) 572-5163 Address 4996 EVERGREEN AVE	IEIER	Citations Issued Date of Birth Driver License Number	Sex MALE Race WHITE					
	INDWIDUAL	Insurance Company PROGRESSIVE-CASUALTY Individual Driver WILLIAM JEFFERY OBERM (715) 572-5163 Address 4996 EVERGREEN AVE WISCONSIN RAPIDS, WI 54-	IEIER 494 , US	Citations Issued Date of Birth Driver License Number STATE: WISCONS	Sex MALE Race WHITE					
	INDWIDUAL	Insurance Company PROGRESSIVE-CASUALTY Individual Driver WILLIAM JEFFERY OBERM (715) 572-5163 Address 4996 EVERGREEN AVE WISCONSIN RAPIDS, WI 54-	IEIER 494 , US	Citations Issued Date of Birth Driver License Number	Sex MALE Race WHITE					
	INDWIDUAL	Insurance Company PROGRESSIVE-CASUALTY: Individual Driver WIŁLIAM JEFFERY OBERM (715) 572-5163 Address 4996 EVERGREEN AVE WISCONSIN RAPIDS, WI 54-	IEIER 494 , US	Citations Issued Date of Birth Driver License Number STATE: WISCONS Safety Equipment	Sex MALE Race WHITE	TED STATES				
	INDWIDUAL	Insurance Company PROGRESSIVE-CASUALTY Individual Driver WILLIAM JEFFERY OBERM (715) 572-5163 Address 4996 EVERGREEN AVE WISCONSIN RAPIDS, WI 54-	IEIER 494 , US	Citations Issued Date of Birth Driver License Number STATE: WISCONS Safety Equipment	Sex MALE Race WHITE Der SIN COUNTRY: UNI	TED STATES				
	INDWIDUAL	Insurance Company PROGRESSIVE-CASUALTY: Individual Driver WIŁLIAM JEFFERY OBERM (715) 572-5163 Address 4996 EVERGREEN AVE WISCONSIN RAPIDS, WI 54-	IEIER 494 , US rash Seat Position	Citations Issued Date of Birth Driver License Number STATE: WISCONS Safety Equipment	Sex MALE Race WHITE Der SIN COUNTRY: UNI	TED STATES				
	INDWIDUAL	Insurance Company PROGRESSIVE-CASUALTY: Individual Driver WILLIAM JEFFERY OBERM (715) 572-5163 Address 4996 EVERGREEN AVE WISCONSIN RAPIDS, WI 54: Fety Equipment Row 01 - FRONT ROW	IEIER 494 , US rash Seat Position	Citations Issued Date of Birth Driver License Numb STATE: WISCONS Safety Equipment NONE USED - VE	Sex MALE Race WHITE Der SIN COUNTRY: UNI	TED STATES				
	INDWIDUAL	Insurance Company PROGRESSIVE-CASUALTY: Individual Driver WILLIAM JEFFERY OBERM (715) 572-5163 Address 4996 EVERGREEN AVE WISCONSIN RAPIDS, WI 54: Fety Equipment Row 01 - FRONT ROW	IEIER 494 , US rash Seat Position	Citations Issued Date of Birth Driver License Numb STATE: WISCONS Safety Equipment NONE USED - VE	Sex MALE Race WHITE Der SIN COUNTRY: UNI	TED STATES				
	S INDIVIDUAL	Insurance Company PROGRESSIVE-CASUALTY: Individual Driver WitLIAM JEFFERY OBERM (715) 572-5163 Address 4996 EVERGREEN AVE WISCONSIN RAPIDS, WI 54: Fety Equipment Row 01 - FRONT ROW Helmet Use	IEIER 494 , US rash Seat Position	Citations Issued Date of Birth Driver License Numb STATE: WISCONS Safety Equipment NONE USED - VE Heimet Compliance	Sex MALE Race WHITE Der SIN COUNTRY: UNI	TED STATES				
TNO	S INDIVIDUAL	Insurance Company PROGRESSIVE-CASUALTY: Individual Driver WIŁLIAM JEFFERY OBERM (715) 572-5163 Address 4996 EVERGREEN AVE WISCONSIN RAPIDS, WI 54: Ety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection	IEIER 494 , US rash Seat Position 07 - LEFT	Citations Issued Date of Birth Driver License Numb STATE: WISCONS Safety Equipment NONE USED - VE Heimet Compliance Airbag	Sex MALE Race WHITE SIN COUNTRY: UNI	TED STATES				
	INDWIDUAL	Insurance Company PROGRESSIVE-CASUALTY Individual Driver WILLIAM JEFFERY OBERM (715) 572-5163 Address 4996 EVERGREEN AVE WISCONSIN RAPIDS, WI 54- ETY Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Seve	IEIER 494 , US rash Seat Position 07 - LEFT erity TED SERIOUS INJUR	Citations Issued Date of Birth Driver License Numb STATE: WISCONS Safety Equipment NONE USED - VE Heimet Compliance	Sex MALE Race WHITE SIN COUNTRY: UNI	TED STATES				
TNO	S INDIVIDUAL	Insurance Company PROGRESSIVE-CASUALTY Individual Driver WILLIAM JEFFERY OBERM (715) 572-5163 Address 4996 EVERGREEN AVE WISCONSIN RAPIDS, WI 54- ETY Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Seve SUSPEC: Ejected	Seat Position 07 - LEFT erity TED SERIOUS INJUR	Citations Issued Date of Birth Driver License Number STATE: WISCONS Safety Equipment NONE USED - VE Heimet Compliance Tint Compliance Airbag NON DEPLOYED	Sex MALE Race WHITE SIN COUNTRY: UNI	TED STATES				
TNO	S INDIVIDUAL	Insurance Company PROGRESSIVE-CASUALTY Individual Driver WIŁLIAM JEFFERY OBERM (715) 572-5163 Address 4996 EVERGREEN AVE WISCONSIN RAPIDS, WI 54- EVERGREEN AVE On Duty Crity Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Several Suspection Ejected NOT EJECTED N	IEIER 494 , US rash Seat Position 07 - LEFT erity TED SERIOUS INJUR	Citations Issued Date of Birth Driver License Number STATE: WISCONS Safety Equipment NONE USED - VE Helmet Compliance Tint Compliance Airbag NON DEPLOYED	Sex MALE Race WHITE SIN COUNTRY: UNIT	Trapped/Extricated				
TNO	S INDIVIDUAL	Insurance Company PROGRESSIVE-CASUALTY: Individual Driver WILLIAM JEFFERY OBERM (715) 572-5163 Address 4996 EVERGREEN AVE WISCONSIN RAPIDS, WI 54- Ety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Seve	Seat Position 07 - LEFT erity TED SERIOUS INJUR	Citations Issued Date of Birth Driver License Number STATE: WISCONS Safety Equipment NONE USED - VE Helmet Compliance Tint Compliance Airbag NON DEPLOYED LICABLE EMS Agency Identifi	Sex MALE Race WHITE SIN COUNTRY: UNIT	Trapped/Extricated NOT TRAPPED EMS Run#				
TNO	S INDIVIDUAL	Insurance Company PROGRESSIVE-CASUALTY: Individual Driver WILLIAM JEFFERY OBERM (715) 572-5163 Address 4996 EVERGREEN AVE WISCONSIN RAPIDS, WI 54- ETY Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Seve SUSPEC Ejected NOT EJECTED Nedical Transport EMS GROUND	Seat Position 07 - LEFT erity TED SERIOUS INJUR	Citations Issued Date of Birth Driver License Number STATE: WISCONS Safety Equipment NONE USED - VE Helmet Compliance Tint Compliance Airbag NON DEPLOYED LICABLE EMS Agency Identiff 6000368	Sex MALE Race WHITE SIN COUNTRY: UNIT	Trapped/Extricated NOT TRAPPED EMS Run# 212874				
TNO	S INDIVIDUAL	Insurance Company PROGRESSIVE-CASUALTY: Individual Driver WILLIAM JEFFERY OBERM (715) 572-5163 Address 4996 EVERGREEN AVE WISCONSIN RAPIDS, WI 54- Ety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Seve	Seat Position 07 - LEFT erity TED SERIOUS INJUR	Citations Issued Date of Birth Driver License Number STATE: WISCONS Safety Equipment NONE USED - VE Helmet Compliance Tint Compliance Airbag NON DEPLOYED LICABLE EMS Agency Identifi	Sex MALE Race WHITE SIN COUNTRY: UNIT	Trapped/Extricated NOT TRAPPED EMS Run#				

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Wisconsin Motor Vehicle Crash

Form DT4000

WISCONSIN MOTOR VEHICLE CRASH REPORT

SAUK COUNTY SHERIFFS DEPARTMEN 1300 LANGE COURT **BARABOO**, WI 53913 (608) 356-4895

Crash Date 09/17/2021

		Distracted By Distracted	d By Source	е							
		Distracted By Action									
		Non Motorist Striking U	nit#	Location							
		Prior Action									
		Action									
_	MAL										
LINO.	NDIWIDUAL:										
	INI										
		Action Other								To/From School	
										TON TONITOONSON	
	I	Drug & Alcohol NO	d Alcohol (Jse	Suspe NO	ected Drug Use					
		Alcohol Test Given TEST GIVEN		Alcohol Test Type BLOOD				Alcohol Test Results UNKNOWN			
		Drug Test Given TEST GIVEN		Drug Test Type Drug BLOOD UN			Drug Test R UNKNOW	rug Test Results NKNOWN			
05	002	Drug Type									
		Individual Condition									
		NOT OBSERVED									
		Carrier	*******				*******	*****			
		U se Vehicle O	wner Sar	me as Carrier		Source DRIVER					
02	0.1	Name WILLIAM JEFFERY O USDOT# 2842030	EIER		Address 4996 EVERGREEN AVE WISCONSIN RAPIDS, WI 54494 , US						
	BUS	GVWR		onfiguration					o Body Type		
L	Ø	MORE THAN 26,000 LB US DOT#	SINGLE Carrier Ty	UNIT TRUCK (3	OR MC	RE AXLES)		DUN	/IP nitted Load		
_	CK	2842030	_	TATE CARRIER					APPLICABLE		
	TRUCK	OS/OW Load W! Permit		Per		ehicle On I Route	***************************************		ermit	scort Vehicle Present	
		Measured Height	Measu	ired Length		Measured Width	1		Measured Weight		