

6TL0CTJN56  
24-07848

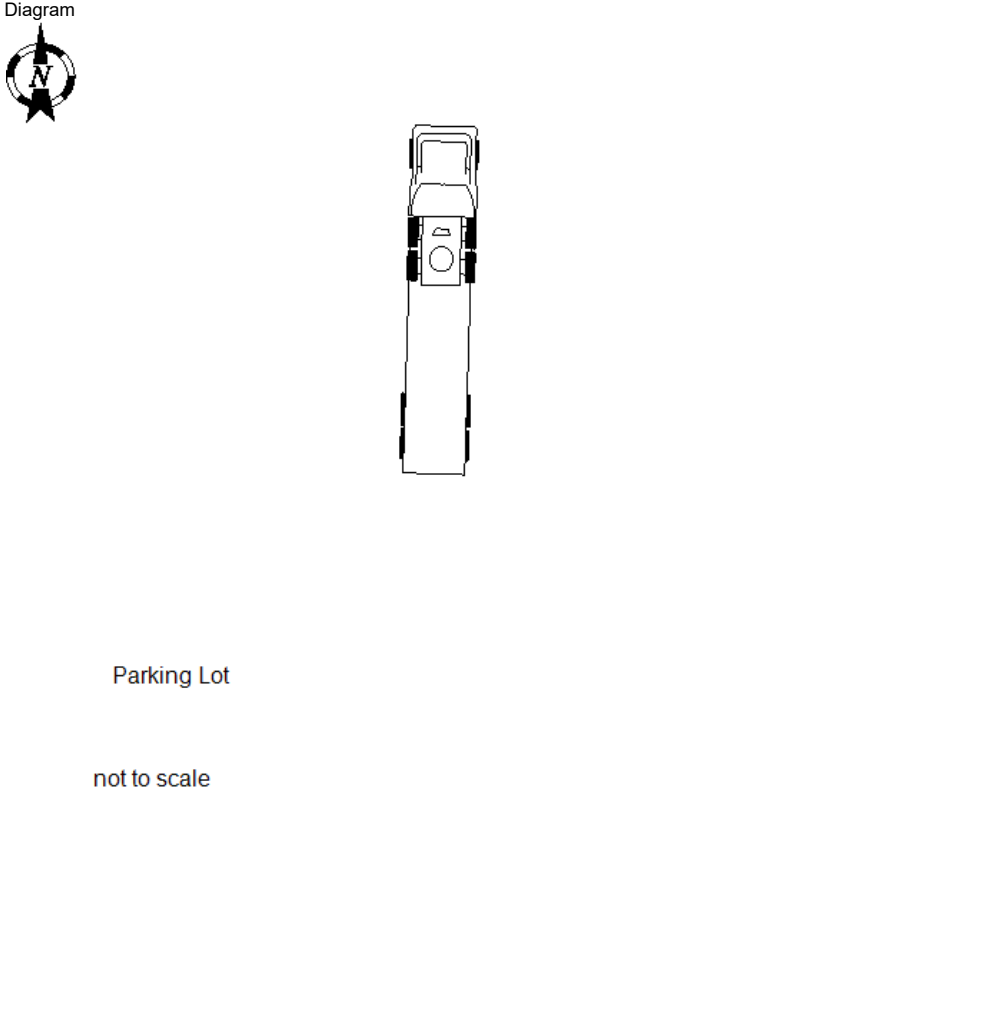
# WISCONSIN MOTOR VEHICLE CRASH REPORT

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 <b>24-07848</b>	Investigating Officer/Deputy <b>DEPUTY A. KULAS</b>	
Crash Date <b>07/18/2024</b>		Crash Time <b>99:99</b>	Date Arrived <b>07/18/2024</b>	Time Arrived <b>05:43 PM</b>	
Date Notified <b>07/18/2024</b>		Time Notified <b>05:42 PM</b>	Total Units <b>02</b>	Total Injured <b>00</b>	Total Killed <b>00</b>
<input type="checkbox"/> On Emergency	<input checked="" 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 <b>NO</b>		Tags	
<input checked="" type="checkbox"/> Reportable	Crash Type <b>PRIVATE PROPERTY/PARKING LOT</b>		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash	

## Description

<p>Diagram</p>  <p>Parking Lot</p> <p>not to scale</p>	Reconstruction By
	Photos By
	Additional Information <b>NONE</b>

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

UNIT 1 WAS A SEMI/BOX TRAILER COMBINATION. UNIT 1 WAS PARKED IN A LARGE PARKING LOT TO THE NORTH OF FESTIVAL FOODS. THE OPERATOR ADVISED HE LEFT THE SEMI PARKED THERE FOR 35-40, AND WHEN HE GOT BACK HE OBSERVED DAMAGE TO THE FRONT LEFT BUMPER. THERE WERE NO SUSPECT VEHICLES.

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## Location

<b>PARKING LOT</b> <b>STH136 NB LOT 615</b> <b>(HOUSE/BUILDING 615)</b>  <b>IN THE VILLAGE OF WEST BARABOO</b> <b>IN SAUK COUNTY</b>	Latitude <b>43.473452625</b>	Longitude <b>-89.76945025</b>
	X Coordinate <b>276002.8125</b>	Y Coordinate <b>4817119</b>
	Structure Type <b>HOUSE/BUILDING</b>	

## Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>	First Harmful Event Location <b>UNKNOWN</b>	
Manner of Collision <b>UNKNOWN</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>NON TRAFFICWAY - PARKING LOT</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>LEGALLY PARKED</b>	Vehicle Operating As Classification <b>A CLASS</b>	Unit Type <b>TRUCK</b>		
	Vehicle Type <b>TRUCK TRACTOR (SEMI ATTACHED)</b>	Operating As Endorsements			
	Total Occs <b>0</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>NOT ON ROADWAY</b>	<input type="checkbox"/> <b>Pre CrashTire Mark</b>	Speed Limit <b>15</b>	Total Lanes <b>0</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>PARKING LOT OR PRIVATE PROPERTY</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>LEVEL</b>		
	Truck Bus or HazMat <b>TRUCK OR TRUCK COMBINATION &gt; 10,000LBS GVWR/GCWR</b>				

<b>UNIT</b>	<b>Vehicle</b>			
	License Plate Number <b>AL28981</b>	Plate Type <b>APO - APPORTIONED</b>	St <b>AZ</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>1NPXD49X2RD600091</b>	Make <b>PETERBILT MOTORS CO</b>	Year <b>2024</b>	Model <b>389</b>
	Color <b>RED - RED</b>	Body Style <b>TT - TRUCK TRACTOR GASOLINE</b>	Bus Use	
	Initial Contact Point <b>11 - LEFT FRONT CORNER</b>	Vehicle Damage <b>11 - LEFT FRONT CORNER</b>		
Extent Of Damage <b>FUNCTIONAL DAMAGE</b>				



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UNIT VEHICLE	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>			
	What Driver Was Doing <b>LEGALLY PARKED</b>		Vehicle Factors			
	Driver Prior Action Other		<b>NOT APPLICABLE</b>			
	Driver Actions					
01	01	Owner Name <b>SOLDIER TRANSPORT INC (209) 613-1971</b>		Owner Address <b>5071 S JOSHUA TREE LN GILBERT, AZ 85298 , US</b>		
<b>Sequence Of Events</b>						
	01	Event <b>MOTOR VEH IN TRANSPORT</b>				
	02	Event				
	03	Event				
	04	Event				
UNIT	<b>Policy Holder</b>					
	Insurance Company <b>GREAT-WEST-CASUALTY-CO</b>			Organization/Company <b>PACCAR FINANCIAL CORP</b>		
UNIT TRAILER/	<b>Trailer/Towed</b>					
	Trailer Plate # <b>5380962</b>	Plate Type <b>TRL - TRAI</b>	Make <b>UTIL</b>	State <b>ME</b>	Country of Issuance <b>UNITED STATES</b>	
	Unit Type <b>FULL TRAILER</b>	Organization/Company <b>SOLDIER TRANSPORT INC (209) 613-1971</b>			Address <b>5071 S JOSHUA TREE LN GILBERT, AZ 85298 , US</b>	
	Vehicle Identification Number <b>1UYVS2539R7109125</b>					
UNIT TRUCK BUS	<b>Carrier</b>					
	<input checked="" type="checkbox"/> <b>Use Vehicle Owner Same as Carrier</b>			Source <b>DRIVER</b>		
	Name <b>SOLDIER TRANSPORT INC USDOT# 1320958</b>			Address <b>5071 S JOSHUA TREE LN GILBERT, AZ 85298 , US</b>		
	GVWR <b>10,001-26,000 LBS</b>	Vehicle Configuration <b>TRUCK TRACTOR/SEMI-TRAILER</b>		Cargo Body Type <b>OTHER</b>		
US DOT # <b>1320958</b>	Carrier Type <b>INTERSTATE CARRIER</b>		Permitted Load <b>NOT APPLICABLE</b>			
<input type="checkbox"/> <b>OS/OW Load</b>	WI Permit Number	<input type="checkbox"/> <b>Permitted Vehicle On Permitted Route</b>	<input type="checkbox"/> <b>Escort Vehicle Required By Permit</b>	<input type="checkbox"/> <b>Escort Vehicle Present</b>		
Measured Height	Measured Length	Measured Width	Measured Weight			
<b>Unit Summary</b>						
02	Unit Status <b>HIT AND RUN</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>PASSENGER CAR</b>				Operating As Endorsements	

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<b>UNIT</b>	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>UNKNOWN</b>	Direction Of Travel <b>UNKNOWN</b>	<input type="checkbox"/> <b>Pre Crash Tire Mark</b>	Speed Limit	Total Lanes	
	Most Harmful Event: Collision With <b>PARKED MOTOR VEHICLE</b>		Special Function <b>NO SPECIAL FUNCTION</b>	Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>		
	Traffic Way <b>PARKING LOT OR PRIVATE PROPERTY</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>LEVEL</b>		
	Truck Bus or HazMat <b>NO</b>					

<b>UNIT</b>	<b>Vehicle</b>						
	<b>02</b>	<b>02</b>	License Plate Number	Plate Type	St	Country of Issuance	
			Vehicle Identification Number	Make	Year	Model	
			Color	Body Style	Bus Use		
	<b>VEHICLE</b>	Initial Contact Point <b>99 - UNKNOWN</b>	Vehicle Damage				
		Extent Of Damage <b>VEHICLE NOT AT SCENE</b>	<b>16 - VEHICLE NOT AT SCENE</b>				
		Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OPERATOR</b>				
		What Driver Was Doing	Vehicle Factors				
	<b>UNIT</b>	<b>VEHICLE</b>	Driver Prior Action Other	<b>UNKNOWN</b>			
			Driver Actions <b>UNKNOWN</b>				
Owner Name			Owner Address				

<b>UNIT</b>	<b>Sequence Of Events</b>					
	<b>01</b>	Event <b>MOTOR VEH IN TRANSPORT</b>				
		Event				
		Event				
		Event				

<b>UNIT</b>	<b>Individual</b>				
	<b>01</b>	Driver <b>UNKNOWN</b>	Citations Issued <b>0</b>	Sex	
			Date of Birth	Race	
	Address	Driver License Number			

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CRASH REPORT

02 001	<b>Safety Equipment</b>		On Duty Crash	Safety Equipment	
	Row	Seat Position	<b>RESTRAINT USE UNKNOWN</b>		
	01 - FRONT ROW	07 - LEFT			
	Helmet Use		Helmet Compliance		
	Eye Protection		Tint Compliance		
	<b>Injury</b>		Injury Severity	Airbag	
			NO APPARENT INJURY	NOT APPLICABLE	
	Ejected	Ejection Path		Trapped/Extricated	
	NOT APPLICABLE	NOT EJECTED/NOT APPLICABLE		NOT APPLICABLE	
	Medical Transport		EMS Agency Identifier	EMS Run #	
	NOT TRANSPORTED				
	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					
Action					
Action Other				To/From School	
<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use		Suspected Drug Use	
Alcohol Test Given		Alcohol Test Type		Alcohol Test Results	
TEST NOT GIVEN					
Drug Test Given		Drug Test Type		Drug Test Results	
TEST NOT GIVEN					
Drug Type					
Individual Condition					
NOT OBSERVED					