

WISCONSIN MOTOR VEHICLE CRASH REPORT

6TL0CBQ6T3

Document Number Override, Primary Crash Document #, Agency Crash Number 24-10619, Investigating Officer/Deputy DEPUTY A. JAHNKE, Crash Date 09/21/2024, Crash Time 11:10 PM, Date Arrived 09/21/2024, Time Arrived 11:50 PM, Date Notified 09/21/2024, Time Notified 11:15 PM, Total Units 02, Total Injured 00, Total Killed 00, On Emergency, Hit and Run, Lane Closure, Work Zone, Trailer or Towed, Reporting Threshold, Government Property, Active School Zone, School Bus Related NO, Tags, Reportable, Crash Type DT4000 (STANDARD CRASH), Amended, Secondary Crash

Description

Diagram, Not to Scale, Photos By LT. STEVE SCHRAM #6, Additional Information PHOTOS, Reconstruction By, Hy 14

I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.
UNIT 1 TRAVELING EASTBOUND ON HY 14 WHEN UNIT 2 APPROACHED ON THE REAR. UNIT 2 UNABLE TO STOP IN TIME TO AVOID HITTING SECOND TRAILER UNIT 1 WAS PULLING. UNIT 2 COLLIDED WITH UNIT 1'S SECOND TRAILER. UNIT 2 SWERVED OUT OF COLLISION INTO ON COMING TRAFFIC LANE, SWERVED BACK, AND FAILED TO CONTROL ENTERING A CORN FIELD. UNIT 2 SUSTAINED HEAVY DAMAGE AND TOWED FROM SCENE. UNIT 1'S SECOND TRAILER WITH EQUIPMENT BOTH SUSTAINED DAMAGE AND REMOVED FROM SCENE.

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

## Location

ON USH14 EB 684 FT E OF PEARL RD IN THE TOWN OF SPRING GREEN IN SAUK COUNTY	Latitude <b>43.189918459</b>	Longitude <b>-90.091163899</b>
	X Coordinate <b>248813.84375</b>	Y Coordinate <b>4786545</b>
	Structure Type <b>NO STRUCTURE</b>	

## Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>		First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>03 - FRONT TO REAR</b>		Light Condition <b>DARK/UNLIT</b>	
Road Surface Condition(s) <b>WET</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>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>	
Closure Type <b>CLOSURE-ONE DIRECTION</b>		Reasons for Closure <b>LAW ENFORCEMENT, TOW TRUCK, FIRE/EMS</b>	
Date Initial Lane/Rd Closed <b>09/21/2024</b>	Time Initial Lane/Rd Closed <b>11:30 PM</b>	Date Scene Cleared <b>09/22/2024</b>	
Date All Lanes Open <b>09/22/2024</b>	Time All Lanes Open <b>12:35 AM</b>		

## Unit Summary

<b>UNIT</b>	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>O CLASS</b>		Unit Type <b>EQUIPMENT</b>	
	Vehicle Type <b>FARM TRACTOR/SELF PROPELLED</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 type="checkbox"/> Pre CrashTire 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>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>01</b>	<b>Vehicle</b>				
	License Plate Number		Plate Type	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number		Make	Year	Model <b>8R 250</b>

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UNIT VEHICLE	Color <b>GRN - GREEN</b>	Body Style <b>TC - TRACTOR</b>	Bus Use			
	Initial Contact Point <b>00 - NON-COLLISION</b>	Vehicle Damage <b>00 - NO DAMAGE</b>				
	Extent Of Damage <b>NO DAMAGE</b>					
	Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OPERATOR</b>				
	What Driver Was Doing <b>GOING STRAIGHT</b>	Vehicle Factors <b>NOT APPLICABLE</b>				
	Driver Prior Action Other					
UNIT VEHICLE	Driver Actions <b>NO CONTRIBUTING ACTION</b>					
	Owner Name <b>HARTUNG BROTHERS INC (608) 829-6000</b>	Owner Address <b>708 HEARTLAND TRAIL #2000 MADISON, WI 53717 , US</b>				
UNIT 01	<b>Sequence Of Events</b>					
	01	Event <b>MOTOR VEH IN TRANSPORT</b>				
	02	Event				
	03	Event				
UNIT 01	<b>Policy Holder</b>					
	Insurance Company <b>BERKLEY AG</b>	Organization/Company <b>HARTUNG BROTHERS INC</b>				
UNIT 01	<b>Trailer/Towed</b>					
	Trailer Plate # <b>N/A</b>	Plate Type <b>TRL - TRAI</b>	Make <b>UNK</b>	State <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
	Unit Type <b>EQUIPMENT</b>	Organization/Company <b>HARTUNG BROTHERS INC (608) 829-6000</b>		Address <b>708 HEARTLAND TRAIL #2000 MADISON, WI 53717 , US</b>		
UNIT TRAILER/	Vehicle Identification Number <b>UNKNOWN</b>					
	<b>Individual</b>					
UNIT INDIVIDUAL	Driver <b>RYLEY COOPER (608) 604-3435</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>		
			Date of Birth	Race <b>WHITE</b>		
	Address <b>26863 STATE HWY 130 HILLPOINT, WI 53937 , US</b>		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
	<b>Safety Equipment</b>		On Duty Crash			
		Safety Equipment <b>NOT APPLICABLE</b>				
Row <b>01 - FRONT ROW</b>		Seat Position <b>07 - LEFT</b>				
Helmet Use		Helmet Compliance				

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01	001	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>	
		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				
UNIT	INDIVIDUAL	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>				

Unit Summary

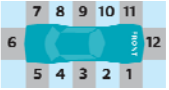
02	UNIT	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>		
		Vehicle Type <b>(SPORT) UTILITY VEHICLE</b>				Operating As Endorsements	
		Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>3</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
		Insurance? <b>NO</b>	Direction Of Travel <b>EASTBOUND</b>	<input type="checkbox"/> <b>Pre CrashTire Mark</b>	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>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>					

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02 UNIT VEHICLE	<b>Vehicle</b>				
	License Plate Number <b>AYF3022</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>2GKALMEK2C6201962</b>		Make <b>GENERAL MOTORS COR</b>	Year <b>2012</b>	Model <b>TERRAIN</b>
	Color <b>GRY - GRAY</b>		Body Style <b>UT - SPORT UTILITY VEHICLE</b>	Bus Use	
	Initial Contact Point <b>01 - RIGHT FRONT CORNER</b>		Vehicle Damage <b>01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 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>NACHREINERS</b>		
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors		
	Driver Prior Action Other		<b>NOT APPLICABLE</b>		
	Driver Actions <b>OVER-CORRECTING/OVER-STEERING, OTHER CONTRIBUTING ACTION</b>				
02 UNIT VEHICLE	Owner Name <b>JORGE CASCO RAMIREZ (414) 856-6178</b>		Owner Address <b>1817 S 16TH ST MILWAUKEE, WI 53204 , US</b>		
	<b>Sequence Of Events</b>				
01 02 03 04	Event <b>MOTOR VEH IN TRANSPORT</b>				
	Event <b>DITCH</b>				
	Event				
	Event				
02 UNIT INDIVIDUAL	Driver <b>JORGE CASCO RAMIREZ (414) 856-6178</b>		Citations Issued <b>3</b>	Sex <b>MALE</b>	
	Date of Birth		Race <b>HISPANIC</b>		
	Address <b>1817 S 16TH ST MILWAUKEE, WI 53204 , US</b>		Driver License Number		
	On Duty Crash		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>		
02 002	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>			
	Helmet Use		Helmet Compliance		
	Eye Protection		Tint Compliance		
	<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>DEPLOYED-COMBINATION</b>		
	Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>		

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<b>UNIT</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				
	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		
<b>02</b>	Drug Type				
	Individual Condition <b>APPEARED NORMAL</b>				
	<b>Violations</b>				
	<b>01</b>	UTC Number <b>BG944666</b>	Issue To? <b>002</b>	Statute Number <b>343.05(3)(a)</b>	Description <b>OPERATE W/O VALID LICENSE (1ST VIOLATION)</b>
UTC Number <b>BG944667</b>		Issue To? <b>002</b>	Statute Number <b>344.62(1)</b>	Description <b>OPERATE MOTOR VEHICLE W/O INSURANCE</b>	
UTC Number <b>BG944668</b>		Issue To? <b>002</b>	Statute Number <b>346.89(1)</b>	Description <b>INATTENTIVE DRIVING</b>	
<b>Property Owner</b>					
<b>PROP OWNER 01</b>	Individual <b>ANITA BINDL</b>		Address <b>E4587 HWY 14 SPRING GREEN, WI 53588 , US</b>		
	<b>Fixed Objects Struck</b>				
<b>01</b>	Striking Unit <b>02</b>	Struck Object <b>OTHER FIXED OBJECT</b>		Structure Number	Damage Tag Number