

6TL0DBC3HT
24-11284

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 24-11284		Investigating Officer/Deputy DEPUTY B. TRAGER	
Crash Date 10/09/2024		Crash Time 04:59 PM		Date Arrived 10/09/2024		Time Arrived 05:18 PM	
Date Notified 10/09/2024		Time Notified 05:00 PM		Total Units 02		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 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 style="text-align: center;">US Hwy 14 e</p>	Reconstruction By
	Photos By
	Additional Information NONE

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

ON OCTOBER 9, 2024 AT APPROXIMATELY 4:59 UNIT 2 WAS TRAVELING EAST ON US HWY 14 NEAR RAINBOW RD WHEN IT SLOWED TO TO TURN INTO A DRIVE. UNIT 1 WAS UNABLE TO STOP IN TIME AND REAR ENDED UNIT 2. NO INJURIES. UNIT 2 WAS REMOVED BY OPERATOR AND UNIT 1 WAS REMOVED BY WEGNERS.

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Location

ON USH14 EB 869 FT S OF RAINBOW RD IN THE TOWN OF SPRING GREEN IN SAUK COUNTY	Latitude 43.177812458	Longitude -90.053506751
	X Coordinate 251824.9375	Y Coordinate 4785088
	Structure Type	

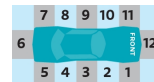
Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 03 - FRONT TO REAR	Light Condition DAYLIGHT	
Road Surface Condition(s) DRY	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) CLEAR		
Animal Type	Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY	Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land	Access Control NO CONTROL	Special Study
Within Interchange Area NO	Junction Location NON-JUNCTION	Intersection Type NOT AN INTERSECTION

Unit Summary

UNIT 01	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type TRUCK			
	Vehicle Type AGCMV (AG COMMERCIAL MOTOR VEHICLE)	Operating As Endorsements				
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 1	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre CrashTire 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 STRAIGHT	Road Grade LEVEL		
	Truck Bus or HazMat TRUCK OR TRUCK COMBINATION > 10,000LBS GVWR/GCWR					

UNIT 01 VEHICLE	Vehicle					
	License Plate Number	Plate Type	St	Country of Issuance		
	Vehicle Identification Number 10T2D3EBXL1041089	Make OSHKOSH	Year 1990	Model CONVENTION		
	Color BLU - BLUE	Body Style GN - GRAIN		Bus Use		
	Initial Contact Point 11 - LEFT FRONT CORNER	Vehicle Damage				
	Extent Of Damage DISABLING DAMAGE	01 - RIGHT FRONT CORNER, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT				



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UNIT VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions FOLLOWING TOO CLOSE			
01	Owner Name ALSUM TRANSPORT INC		Owner Address N9083 HWY EF FRIESLAND, WI 53935 , US	
	Sequence Of Events			
01	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
UNIT	Policy Holder			
	Insurance Company ST-PAUL-MERCURY-INS-CO		Organization/Company ALSUM TRANSPORT INC	
UNIT INDIVIDUAL	Individual			
	Driver ISMAEL BOCEL CASTRO (806) 333-9420		Citations Issued 1	Sex MALE
	Address 515 E. BRADY AVE CLOVIS, NM 88101 , US		Date of Birth	Race
			Driver License Number	
01 001	Safety Equipment		On Duty Crash	
			Safety Equipment SHOULDER & LAP BELT	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT		
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED	
	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	
Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		
Distracted By Action NOT DISTRACTED				

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UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location		
		Prior Action					
		Action					
	Action Other					To/From School	
	01	001	Drug & Alcohol		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				
			Violations				
01	01	UTC Number BG113080	Issue To? 001	Statute Number 346.14(2)(a)	Description TRUCK FOLLOWING TOO CLOSELY		
		Carrier					
UNIT	01	<input checked="" type="checkbox"/> Use Vehicle Owner Same as Carrier			Source DRIVER		
		Name ALSUM TRANSPORT INC			Address N9083 HWY EF FRIESLAND, WI 53935 , US		
	TRUCK	BUS	GVWR MORE THAN 26,000 LB	Vehicle Configuration TRUCK MORE THAN 10,000 LBS, CAN NOT CLASSIFY	Cargo Body Type GRAIN/CHIPS/GRAVEL		
			US DOT #	Carrier Type NOT IN COMMERCE/OTHER TRUCK	Permitted Load NOT APPLICABLE		
			<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			


Unit Summary

UNIT	02	Unit Status IN TRANSIT	Vehicle Operating As Classification B CLASS	Unit Type TRUCK			
		Vehicle Type STRAIGHT TRUCK (INSERT TRUCK)			Operating As Endorsements		
		Total Occs 2	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	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		

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Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO			
Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL			
Truck Bus or HazMat TRUCK OR TRUCK COMBINATION > 10,000LBS GVWR/GCWR							
Vehicle							
02	UNIT	02	VEHICLE	License Plate Number 48918R	Plate Type HTK - HEAVY TRUCK	St IL	Country of Issuance UNITED STATES
				Vehicle Identification Number 1XPGDU9X82N571959	Make PETERBILT MOTORS CO	Year 2002	Model TR
				Color BLU - BLUE	Body Style DP - DUMP TRUCK	Bus Use	
				Initial Contact Point 05 - RIGHT REAR CORNER	Vehicle Damage 05 - RIGHT REAR CORNER		
				Extent Of Damage FUNCTIONAL DAMAGE			
				Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR		
				What Driver Was Doing GOING STRAIGHT	Vehicle Factors NOT APPLICABLE		
				Driver Prior Action Other			
				Driver Actions NO CONTRIBUTING ACTION			
				Owner Name HARD PAVING INC	Owner Address 366 HAYWOOD DR ROUND LAKE, IL 60073 3269, US		
Sequence Of Events							
		01	Event MOTOR VEH IN TRANSPORT				
		02	Event				
		03	Event				
		04	Event				
Policy Holder							
			Insurance Company ACUITY,-A-MUTUAL-INSURANCE-CO	Organization/Company HARD PAVING INC			
Individual							
02	UNIT	INDIVIDUAL	Driver JUAN BARRIOS (847) 212-4580	Citations Issued 0	Sex MALE		
				Date of Birth	Race		
			Address 401 N BECK RD LINDENHURST, IL 60046 , US	Driver License Number			
Safety Equipment			On Duty Crash				

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02	002	Safety Equipment		SHOULDER & LAP BELT			
		01 - FRONT ROW	07 - LEFT	Helmet Use		Helmet Compliance	
		Eye Protection		Tint Compliance			
		Injury	Injury Severity	Airbag			
			NO APPARENT INJURY	NON DEPLOYED			
		Ejected	Ejection Path	Trapped/Extricated			
		NOT EJECTED	NOT EJECTED/NOT APPLICABLE	NOT TRAPPED			
		Medical Transport	EMS Agency Identifier	EMS Run #			
		NOT TRANSPORTED					
		Hospital	Date of Death	Time of Death			
02	002	Distracted By		Distracted By Source			
				NOT APPLICABLE (NOT DISTRACTED)			
		Distracted By Action					
		NOT DISTRACTED					
		Non Motorist	Striking Unit #	Location			
		Prior Action					
		Action					
		Action Other		To/From School			
		Drug & Alcohol		Suspected Alcohol Use		Suspected Drug Use	
				NO		NO	
02	002	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					
		APPEARED NORMAL					
		Individual					
		Passenger		Citations Issued		Sex	
		MACIAS . SANCHEZ		0		MALE	
(224) 577-7262		Date of Birth		Race			
Address		Driver License Number					
728 OAKWOOD DR							
ROUND LAKE BEACH, IL 60073 , US							
02	002	Safety Equipment		On Duty Crash			

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02	003	Row 01 - FRONT ROW		Seat Position 09 - RIGHT	Safety Equipment SHOULDER & LAP BELT			
		Helmet Use			Helmet Compliance			
		Eye Protection			Tint Compliance			
		Injury		Injury Severity NO APPARENT INJURY		Airbag NON DEPLOYED		
		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	
		Distracted By		Distracted By Source				
		Distracted By Action						
		Non Motorist		Striking Unit #		Location		
UNIT	INDIVIDUAL	Prior Action						
		Action						
		Action Other					To/From School	
		Drug & Alcohol		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						
		Carrier						
		02	02	<input checked="" type="checkbox"/> Use Vehicle Owner Same as Carrier			Source DRIVER	
Name HARD PAVING INC				Address 366 HAYWOOD DR ROUND LAKE, IL 60073 3269, US				
GVWR 10,001-26,000 LBS				Vehicle Configuration SINGLE UNIT TRUCK (3 OR MORE AXLES)		Cargo Body Type DUMP		
UNIT	CK BUS	US DOT #		Carrier Type INTERSTATE CARRIER		Permitted Load NOT APPLICABLE		

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TRU	<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	