WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Overrid	le Primary Crash [Agency Crash Number 24-11279			Investigating Officer/Deputy DEPUTY W. NEUBAUER				
<u> </u>	Crash Date 10/09/2024			Date Arr 10/09/2		Time Arrived 03:13 PM				
PILUFBUU1	Date Notified 10/09/2024	Time Notified 03:01 PM		Total Ur 02	nits	Total Injured Total Killed 00 00			1	
<u>.</u>	On Emergency	Hit and Run	Lane Close	ure	Work Zone	▼ Trailer	or T	owed	Reporting Threshold	
 	Government Property	Active Sc	hool Zone	School I	Bus Related	Tags			•	
	✓ Reportable	Crash Type DT4000 (STA	NDARD CRASH	l)		Amend	led		Secondary Crash	
	Description 	•							•	
	Diagram		C	TY	BD		Pho	construction otos By		
	33							ditional Infori	mation	
	STH	_	RITZ NOT	INTI TO S	ERSECTION SCALE	NN ST				
	✓ I, a sworn law enfo	'	1	'	PINE any CJIS data in this	'				
	UNITS 1 AND 2 WERE STO STOPPED AT THE RED LIG EDGE OF THE TRAILER ON STRIKE AND CONTINUED (GHT. UNIT 1 WAS IN LANE IN THE DRIVER'S SIDE ST	2 AND UNIT 2 WA	AS IN LÂNE	1. UNIT 1 WAS TOWING	A TRAILER AND	D MA	KING A RIGI	HT HAND TURN. THE	

Crash Date 10/09/2024 Crash Time 02:40 PM

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Crash Date 10/09/2024

ı	Loc	ation									
-	ON	CTHBD SB				Latitude			Longitu	ıde	
	OF STH33 EB						43.474964891			8832257	
							ate		Y Coor	dinate	
	IN THE VILLAGE OF WEST BARABOO					276058.3			48172		
	IN 5	SAUK COUNTY				Structure :	Tyne		l .		
						NO STR					
(Cra	sh Scene									
1	First	Harmful Event				First Harm	nful Event Lo	ocation			
	MO.	TOR VEH IN TRANSPO	ORT			ON ROA	DWAY				
ŀ	Mani	ner of Collision				Light Cond	dition				
	07 -	SIDESWIPE/SAME D	IRECTION			DAYLIGI					
ŀ	Road	d Surface Condition(s)				Roadway	Factor(s)				
	DRY	` ,					(-)				
-	Envi	ronment Factor(s)									
	NON	NE				NONE					
-	Wea	ther Condition(s)									
	CLE	EAR									
f	Animal Type						o Trafficwa				
ļ	Cras	h Classification - Location			CWAY - OI						
	PUBLIC PROPERTY					Crash Classification - Jurisdiction NO SPECIAL JURISDICTION					
ŀ	Tribal Land			Access Co				Special Study			
	\A/i+b	Ment to the second seco			NO CONTROL ion Type						
	YES	in Interchange Area	Junction Location INTERSECTION			on Type /AY INTE F	RSECTION	I			
ı	Ini	t Summary =									
<u>-</u> `		Status —		Vehicle Ope	arating Δe C	laccification		Linit Type			
		RANSIT		A CLASS	stating As C	Classification Unit Type TRUCK					
ŀ		cle Type		A CLASS			Operating As Endorsements				
5		RAIGHT TRUCK (INSE	DT TDIICK)					Sportaling / to Endorsements			
		Occs	Train/Bus # Recorded	Total # Cita	tiona laguad	1	l Total Trail	ere	Total Ha	zMat Types	
	10la	TOCCS	Train/Bus # Necorded	0	Total # Citations Issued 0		1 10tai 11aii		0	ziviat Types	
ľ	Insu	rance?	Direction Of Travel	Pre	CrashTire)	Speed Lin			anes	
<u>: </u>	YES		WESTBOUND		Mark		35	4			
		Harmful Event: Collision		Special Fun	iction IAL FUNC			Emergency Motor Vehicle Use			
		TOR VEH IN TRANSPO	ORT			11014		NOT APPLICABLE			
		ic Way DED HWY MEDIAN W	I/RARRIER	Traffic Cont				Traffic Control Inoperative/Missing NO Road Grade			
ŀ		ace Type		Road Curva							
		ACKTOP (BITUMINOU	S)	STRAIGH							
ľ	Truc	k Bus or HazMat	BINATION > 10,000LBS G	V/WP/GCWP							
\dashv		Vehicle	DINATION > 10,000LB5 G	V VVIC/GCVVIC							
		License Plate Number		Plate Type			St	Country of Iss	uance		
		RB35712		EAVY TRU	ск			ATES			
		Vehicle Identification Nur	mber	Make			Year	Model			
	5 3ALHG3DV8JDKB1882 FREIGHTLINER				LINER CO	ORP	2018				
- 1						CORP 2018		114SD			
		Color		Body Style	1				Bus Use		
		Color WHI - WHITE		Body Style		ĸ		Bus Use			
	ш	WHI - WHITE		ST - STA	KE TRUC	K		Bus Use			
).LE	WHI - WHITE Initial Contact Point	RNER		KE TRUC	K		Bus Use		7 8 9 10 11	
		WHI - WHITE Initial Contact Point 07 - LEFT REAR COI	RNER	ST - STA Vehicle Da	KE TRUC			Bus Use		7 8 9 10 11 6 2 2 12	
	VEHICLE	WHI - WHITE Initial Contact Point	RNER	ST - STA Vehicle Da	KE TRUC			Bus Use			

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		Towed Due To Damage			Vehicle Rem	oved By						
		NOT TOWED			OPERATO	R						
		What Driver Was Doing			Vehicle Fact	ors						
		RIGHT TURN										
		Driver Prior Action Other			NOT APPL	ICABLE						
TINO	VEHICLE	Driver Actions NO CONTRIBUTING	ACTION									
01	01	Owner Name FLEET TRANSPORTA (608) 781-0606	ATION LL	С	Owner Address 920 10TH AVE N ONALASKA, WI 54650 , US							
	Sequence Of Events											
	01	Event RIGHT TURN										
	02	Event MOTOR VEH IN TRA	NSPORT									
	03	Event										
	04	Event										
╘	ĺ	Policy Holder										
LIND		Insurance Company ZURICH-AMERICAN-	INS-CO			ion/Company FRANSPORT	TATION LLC					
		Trailer/Towed										
2		Trailer Plate #	Plate Type			State WI		ntry of Issuance TED STATES				
╘	ER/	Unit Type UTILITY TRAILER		Organization/Company FLEET TRANSPOR	Address 920 10TH AVE N ONALASKA, WI 54650 , U			10TH AVE N				
LIND	TRAILER/	Vehicle Identification Nur 4L5FB4239PF066017		- (608) 781-0606				ALASKA, WI 54650 , US				
		Individual										
		Driver			Citations I	ssued	Sex					
	AL	JERROLD JACOBSC (608) 553-4078	ON		0 MALE							
_		(606) 553-4076			Date of Bi	Date of Birth Race WHITE						
FNO	INDIVIDU	Address 1945 SUNSET DR				Driver License Number						
	_	REEDSBURG, WI 53959 , US										
		REEDSBURG, WI 539	959 , US		STATE: \	WISCONSIN	COUNTRY: UI	IITED STATES				
			959 , US	h	STATE: \(\) Safety Eq		COUNTRY: UI	IITED STATES				
		Or	Duty Cras	h Seat Position 07 - LEFT	Safety Eq			IITED STATES				
		fety Equipment	Duty Cras	Seat Position	Safety Eq	uipment		IITED STATES				
		fety Equipment Row 01 - FRONT ROW	Duty Cras	Seat Position	Safety Eq	uipment AINT USE UN ompliance		IITED STATES				
01		Row 01 - FRONT ROW Helmet Use Eye Protection	Duty Cras	Seat Position 77 - LEFT	Safety Eq RESTRA Helmet Co Tint Comp	uipment AINT USE UN Dimpliance Diance		IITED STATES				
01	Sat	Row 01 - FRONT ROW Helmet Use Eye Protection	ury Severity	Seat Position 07 - LEFT	Safety Eq RESTRA Helmet Co Tint Comp	uipment AINT USE UN ompliance		Trapped/Extricated				

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		Medical Transport			FMS A	gency Identifier		EMS Run #			
NOT TRANSPORTED					Zine rigoricy radiianer			LIVIO I Kuii #			
		Hospital			Date of	f Death		Time of Dea	ith		
		Distracted By UNI	racted By Source	е							
		Distracted By Action									
		UNKNOWN									
		Non Motorist Strik	ing Unit#	Location							
		Prior Action									
		Action									
	INDIVIDUAL										
⊨ ا	2										
L N N	5										
-											
	Z										
		Action Other								To/From School	
	,	Drug & Alcohol NO	pected Alcohol U	Jse	NO Suspe	cted Drug Use					
	_										
		Alcohol Test Given		Alcohol Test Type				Alcohol Tes	t Results		
		TEST NOT GIVEN	- · ·								
		Drug Test Given TEST NOT GIVEN	Drug Test Type			Drug Test Re	sults				
2	001	Drug Type									
	٥										
		Individual Condition									
		NOT OBSERVED									
		• •									
	9	Carrier									
		☐ Use Vehic	le Owner San	ne as Carrier		Source					
		<u> </u>	ne owner oun	ne us surrier		DRIVER					
2	01	Name FLEET TRANSPO	DTATION	1.0		Address 920 10TH AVE	: NI				
		FLEET TRANSPO	KIAHON L	.LC		ONALASKA,		JS			
						,	,				
		GVWR	I Vohiclo Co	onfiguration			1,	Cargo Body Type			
.	BUS	10,001-26,000 LBS		-UNIT TRUCK (2-	AYIF	AND GVWR MO		UNKNOWN			
LNO	—	US DOT #	Carrier Ty			THE OTTER ME		Permitted Load			
5 ∣	¥	00 001 #	-	TATE CARRIER				NOT APPLICAE	RI F		
	TRUCK	WIP	ermit Number		ittad V	ehicle On					
	꼰	OS/OW Load			rmitted			By Permit	icle Required Escort Vehicle Present		
	•	Measured Height	Measu	red Length		Measured Width		Measured W	eight		
		•		-					-		
	l Init	Summary -									
_		Status			ehicle Or	perating As Classi	fication	Unit Type			
		RANSIT			CLASS	ū	auon	TRUCK			
		cle Type			JLAGG	•		Operating A	s Endorsem	ents	
02		LITY TRUCK/PICKUP TE	RUCK					Spoiding A		9	
		Occs	Train/Bus # Re	corded Tr	otal # Cit	ations Issued	Total	 Trailers	Total Hazl	Mat Types	
	2			0	,, 010		0		0	71	

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Crash Date 10/09/2024

	Insurance?		Direction Of Travel		FIE CIASITIIE			imit	Total Lanes			
⊢			SOUTHBOUND		Mark		35		4			
UNIT		t Harmful Event: Collision Wi TOR VEH IN TRANSPOI			ecial Function SPECIAL FUNCTIO	1		NOT APPI	Motor Vehicle Use LICABLE			
	Traf	fic Way		Tra	ffic Control	rol Inoperative/Missing						
		IDED HWY MEDIAN W/E	BARRIER	TR	AFFIC SIGNAL			NO				
		асе Туре			ad Curvature			Road Grade				
		ACKTOP (BITUMINOUS)		ST	RAIGHT			HILLCRES	ST			
		k Bus or HazMat	NATION > 40 0001 DC CV	MDIO	UNIO O UID							
		Vehicle	NATION > 10,000LBS GV	WR/G	CWR							
		License Plate Number		PI	Plate Type St Country of Issuance							
		FB55496			71			UNITED ST				
<u> </u>		Vehicle Identification Numb	per	Ma	ake		Year	Model				
02	05	1GDJ6C1G29F403189			ENERAL MOTORS C	OR	2009	C6500				
		Color WHI - WHITE			ody Style K - PICKUP			Bus Use				
	щ	Initial Contact Point		Ve	ehicle Damage							
╘	길	02 - RIGHT SIDE FRONT							7 8 9 10 11 6 5 12			
UNIT	VEHICLE	Extent Of Damage MINOR DAMAGE			2 - RIGHT SIDE FROM	IT			5 4 3 2 1			
		Towed Due To Damage	Vehicle Removed By									
		NOT TOWED			OPERATOR							
		What Driver Was Doing		Ve	Vehicle Factors							
		GOING STRAIGHT Driver Prior Action Other		N	OT APPLICABLE							
		Driver Prior Action Other		"	OT ALL LIGABLE							
		Driver Actions	OTION									
	Щ	NO CONTRIBUTING A	CTION									
UNIT	2											
	VEHICLE											
		Owner Name D AND D TREE LLC			Owner Address 1105 FUHRMAN DR							
02	07	(608) 415-0076			REEDSBURG, WI 53959 , US							
		Sequence Of Even	ts									
	6	Event MOTOR VEH IN TRAN	SPORT									
	05	Event										
		Event										
	03											
	9	Event										
⊨		Policy Holder										
UNIT		Insurance Company WEST-BEND-MUTUAL	INS-CO		Organization/Company D AND D TREE LLC							
		Individual										
		Driver			Citations Issued	Sex						
	بِ	JOSEPH DURKEE (608) 415-9553			0	MAL						
	IDUAL	(000) 410-355			Date of Birth	Race WHI						
⊨	₽					44 LI						

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Crash Date 10/09/2024

S	>	Address			Driver License Number				
n	INDIV	E4195 CEMETERY RD REEDSBURG, WI 53959 , US			STATE: WISCONSIN COUNTRY: UNITED STATES				
		On D	uty Cras	sh	Safety Equipment				
	Sat	fety Equipment							
		Row 01 - FRONT ROW		Seat Position 07 - LEFT	SHOULDER & LAP I	BELT			
		Helmet Use			Helmet Compliance				
		Eye Protection			Tint Compliance				
		Injury Severity							
02	002	Injury	Severit APPAR	ENT INJURY	Airbag NON DEPLOYED				
		Ejected		ction Path			Trapped/Extricated		
		NOT EJECTED	NO	T EJECTED/NOT APPL	ICABLE		NOT TRAPPED		
		Medical Transport NOT TRANSPORTED			EMS Agency Identifier		EMS Run #		
		Hospital			Date of Death		Time of Death		
		Dietr	acted By	/ Source					
		Distracted By NOT	APPL	ICABLE (NOT DISTRAC	TED)				
		Distracted By Action NOT DISTRACTED							
		Non Motorist Striki	ng Unit :	# Location					
		Prior Action							
UNIT	INDIVIDUAL	Action							
		Action Other						To/From School	
		LSusn	ected A	Icohol Use	Suspected Drug Use				
	L	Drug & Alcohol NO	0010471	isonici ece	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			
02	005	Drug Type							
	0								
		Individual Condition							
		APPEARED NORMAL							
		Individual							
		Passenger MICHAEL DURKEE			Citations Issued	Sex MALE			
	AL	(608) 415-7730			Date of Birth	MALE Race			
⊨	IDUAL					WHITE			

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N	Address E4195 CEMETERY RD REEDSBURG, WI 53959 , US				Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES						
	Sai	On Du f ety Equipment	ty Crash		Safety Equipment						
	Ou,	Row 01 - FRONT ROW	Seat Position			SHOULDER & LAP BELT					
		Helmet Use			Helmet	t Compliance					
		Eye Protection				ompliance					
02	003	I	Severity PPARENT	INJURY	Airbag NON I	DEPLOYED					
		Ejected	Ejection F				Trapped/Extricated				
		NOT EJECTED	NOT EJ	ECTED/NOT APPL			NOT TRAPPED				
		Medical Transport NOT TRANSPORTED			EMS A	EMS Agency Identifier EMS Run #					
		Hospital			Date of	f Death	Time of Death				
		Distracted By Source									
		Distracted By Action									
		Non Motorist	g Unit#	Location							
		Prior Action									
TINO	INDIVIDUAL	Action									
		Action Other						To/From School			
	ı	Drug & Alcohol NO	cted Alcohol	Use	Suspec NO	cted Drug Use					
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	De Alcohol Test Res						
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results					
05	003	Drug Type									
		Individual Condition									
		APPEARED NORMAL									
	(Carrier				Course					
			Owner Sa	ame as Carrier		Source DRIVER					
05	02	Name D AND D TREE LLC				Address 1105 FUHRMAN DR REEDSBURG, WI 53959 , US					
l											

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	S	GVWR	Vehicle Configura	tion			Cargo Body Type		
╘	BU	10,001-26,000 LBS	SINGLE-UNIT	TRUCK (2-AXLE A	AND GVWR M	UNKNOWN			
Z		US DOT #	Carrier Type			Permitted Load			
ر ر	CK		OTHER OPERA	ATION/NOT SPEC	IFIED		NOT APPLICABLE		
	TRU	OS/OW Load WI Permit	Permitted Vehicle On Permitted Route			Vehicle Required By Permit	Escort Vehicle Present		
		Measured Height	Measured Len	gth	Measured Widt	th	Measured Weig	ht	