

6TL0F8QXX0  
24-05316

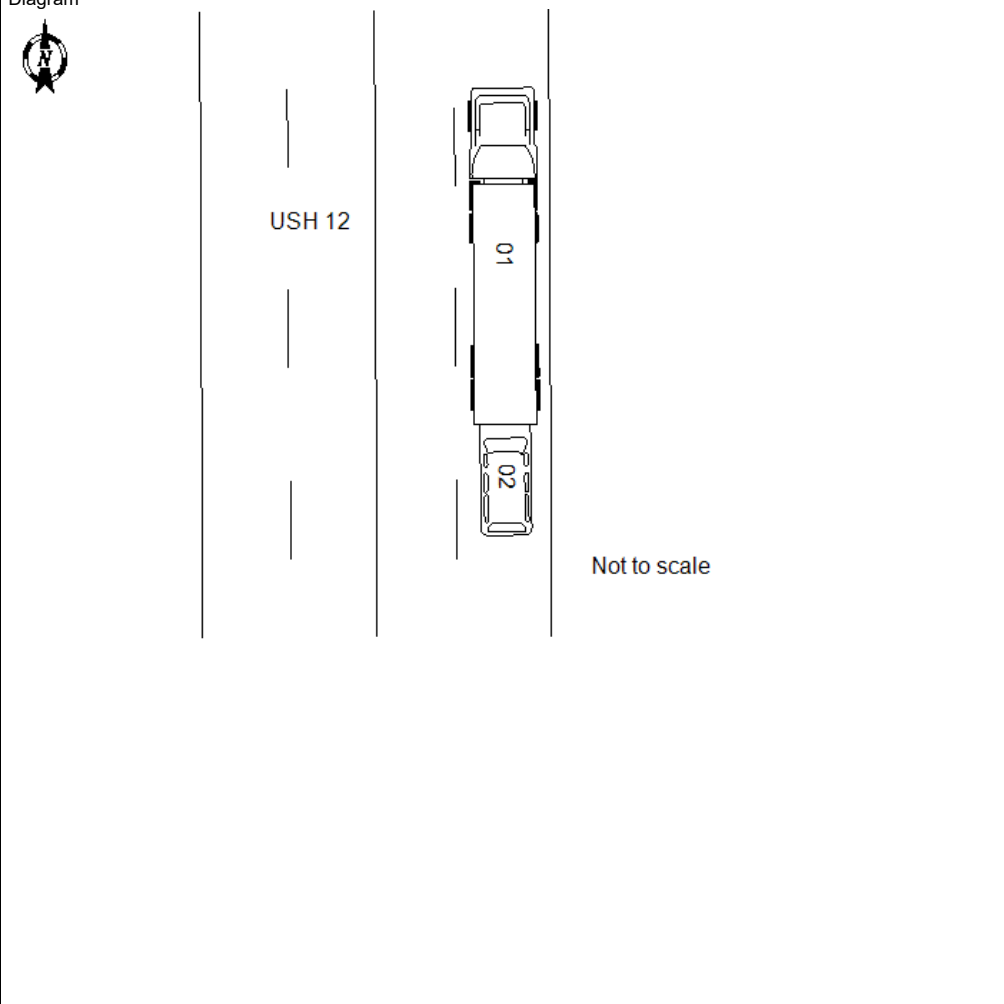
# WISCONSIN MOTOR VEHICLE CRASH REPORT

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>24-05316</b>	Investigating Officer/Deputy <b>DEPUTY J. GREENWOOD</b>	
Crash Date <b>05/24/2024</b>		Crash Time <b>02:14 PM</b>	Date Arrived <b>05/24/2024</b>	Time Arrived <b>02:33 PM</b>	
Date Notified <b>05/24/2024</b>		Time Notified <b>02:16 PM</b>	Total Units <b>02</b>	Total Injured <b>00</b>	Total Killed <b>00</b>
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input type="checkbox"/> Lane Closure	<input type="checkbox"/> Work Zone	<input checked="" 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 <b>NO</b>		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

## Description

Diagram 	Reconstruction By
	Photos By <b>DEPUTY GREENWOOD</b>
	Additional Information <b>PHOTOS</b>

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

UNIT 1 WAS WB ON USH 12. UNIT 1 WAS HAULING CARS ON A TRAILER. UNIT 1 WAS SLOWING DOWN DUE TO CLIMBING THE HILL. UNIT 2 DID NOT NOTICE UNIT 1 WAS OPERATING SLOWER. UNIT 2 HIT UNIT 1'S TRAILER CAUSING DAMAGE TO TRAILER AND A VEHICLE ON THE TRAILER.

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## Location

ON USH12 WB 0.30 MI N OF GROTH RD IN THE TOWN OF SUMPTER IN SAUK COUNTY	Latitude <b>43.384550464</b>	Longitude <b>-89.76785566</b>
	X Coordinate <b>275803.625</b>	Y Coordinate <b>4807241</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>DAYLIGHT</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, RAIN</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>

## Unit Summary

UNIT 01	Unit Status <b>IN TRANSIT</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>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>WESTBOUND</b>	<input type="checkbox"/> <b>Pre CrashTire Mark</b>	Speed Limit <b>55</b>	Total Lanes <b>4</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>UPHILL</b>	
	Truck Bus or HazMat <b>TRUCK OR TRUCK COMBINATION &gt; 10,000LBS GVWR/GCWR</b>				

UNIT VEHICLE 01	<b>Vehicle</b>			
	License Plate Number <b>AM3574</b>	Plate Type <b>APO - APPORTIONED</b>	St <b>ID</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>1FVHA6CK87DY79612</b>	Make <b>FREIGHTLINER CORP</b>	Year <b>2007</b>	Model <b>SEMI</b>
	Color <b>WHI - WHITE</b>	Body Style <b>SE - SEMI-TRAILER</b>		Bus Use
	Initial Contact Point <b>06 - REAR</b>	Vehicle Damage		
	Extent Of Damage <b>MINOR DAMAGE</b>	<b>06 - REAR</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>SLOW/STOPPING</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>NO CONTRIBUTING ACTION</b>			
01	01	Owner Name <b>DVR TRANSPORT (509) 928-1725</b>		Owner Address <b>6322 N CENTENNIAL PLACD COEUR D ALENE, ID 83815 , US</b>
<b>Sequence Of Events</b>				
01	01	Event <b>MOTOR VEH IN TRANSPORT</b>		
02	02	Event		
03	03	Event		
04	04	Event		
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>GREAT-WEST-CASUALTY-CO</b>		Organization/Company <b>DVR TRANSPORT</b>	
UNIT TRAILER/	<b>Trailer/Towed</b>			
	Trailer Plate # <b>9329TK</b>	Plate Type <b>TRL - TRAI</b>	Make <b>OTH</b>	State ID <b>ID</b>
	Country of Issuance <b>UNITED STATES</b>	Organization/Company <b>DVR TRANSPORT (509) 928-1725</b>		Address <b>6322 N CENTENNIAL PLACD COEUR D ALENE, ID 83815 , US</b>
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>DANIIL RUDNEV (509) 655-6335</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
	Address <b>COEUR D ALENE, ID 83815 8672, US</b>		Date of Birth	Race
	Driver License Number <b>STATE: IDAHO COUNTRY: UNITED STATES</b>			
UNIT 001	<b>Safety Equipment</b>		On Duty Crash	
	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>			
	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>NON DEPLOYED</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		
Drug Type					
Individual Condition <b>APPEARED NORMAL</b>					
<b>UNIT</b>	<b>Carrier</b>				
	<input checked="" type="checkbox"/> <b>Use Vehicle Owner Same as Carrier</b>		Source <b>DRIVER</b>		
	Name <b>DVR TRANSPORT USDOT# 132517</b>		Address <b>6322 N CENTENNIAL PLACD COEUR D ALENE, ID 83815 , US</b>		
	GVWR <b>MORE THAN 26,000 LB</b>		Vehicle Configuration <b>VEHICLE PULLING TRAILERS</b>		Cargo Body Type <b>AUTO TRANSPORTER</b>
	US DOT # <b>132517</b>		Carrier Type <b>INTERSTATE CARRIER</b>		Permitted Load <b>NOT PERMITTED</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>
Measured Height		Measured Length	Measured Width	Measured Weight	

### Unit Summary

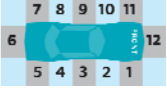
<b>UNIT</b>	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>TRUCK</b>
	Vehicle Type <b>CARGO VAN (10,000 LBS OR LESS)</b>				Operating As Endorsements
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>

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UNIT	Insurance? <b>YES</b>	Direction Of Travel <b>WESTBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>55</b>	Total Lanes <b>4</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>DIVIDED HWY W/O TRAFFIC BARRIER</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>UPHILL</b>		
	Truck Bus or HazMat <b>NO</b>					
<b>Vehicle</b>						
02	License Plate Number <b>RX8686</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
	Vehicle Identification Number <b>3N63M0ZN4HK719155</b>		Make <b>CHEVROLET</b>	Year <b>2017</b>	Model <b>CITY EXPRE</b>	
UNIT	Color <b>SIL - SILVER (ALUMINUM)</b>		Body Style <b>VN - VAN</b>		Bus Use	
	Initial Contact Point <b>12 - FRONT</b>		Vehicle Damage <b>01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT</b>			
	Extent Of Damage <b>DISABLING DAMAGE</b>					
02	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>CRAIGS TOWING</b>			
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors			
	Driver Prior Action Other		<b>NOT APPLICABLE</b>			
UNIT	Driver Actions <b>NO CONTRIBUTING ACTION</b>					
	Owner Name <b>SAUK COUNTY HUMANE SOCIETY (608) 356-2520</b>		Owner Address <b>618 LINN ST BARABOO, WI 53913 , US</b>			
<b>Sequence Of Events</b>						
01	Event <b>MOTOR VEH IN TRANSPORT</b>					
	Event					
	Event					
	Event					
UNIT	<b>Policy Holder</b>					
	Insurance Company <b>CINCINNATI-CASUALTY-CO,-THE</b>		Organization/Company <b>SAUK COUNTY HUMANE SOCIETY</b>			
INDIVIDUAL	Driver <b>ROBERT POOLE</b>			Citations Issued <b>0</b>	Sex <b>MALE</b>	
				Date of Birth	Race	

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UN	INDIV	Address <b>BARABOO, WI 53913 , US</b>		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>				
		<b>Safety Equipment</b>		Safety Equipment				
02	002	On Duty Crash		<b>SHOULDER &amp; LAP BELT</b>				
		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>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>				
		<b>Distracted By Action</b>		<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>						
		02	002					