D8CTJQM

WISCONSIN MOTOR VEHICLE CRASH REPORT

MONROE COUNTY SHERIFF OFFICE 112 S COURT ST / RM 500 SPARTA, WI 54656 (608) 269-2117

Crash Date	T filliary Grasific	Document #	Agency	Crash Number		Officer/Deputy AVID SCHEE		
9/27/2019	Crash Time 11:57 AM			Date Arrived 09/27/2019		Time Arrived 12:11 PM		
)ate Notified 19/27/2019	Time Notified 11:57 AM		Total Ur	Total Units 02		Total Kille	STATE OF THE PROPERTY AND	
On Emergency Hi	t and Run	Lane Closi	L1		▼ Trailer	or Towed	Reporting Threshold	
Government Property		hool Zone	School NO	Bus Related	Tags			
Reportable	Crash Type DT4000 (STANDARD CRASH)					Amended Secondary Crash		
escription Diagram							By ROL DOC NUMBERS	
scale 1	County High w	^{'ay} A	**************************************			Photos By STATE PATI Additional Infor PHOTOS, RE		

UNIT TWO WAS TRAVELING E/B ON CO HWY A HAULING A TRAILER WITH A LAWN MOWER ON THE TRAILER. UNIT ONE WAS TRAVELING WB ON CO HWY A. THE TRAILER CAME UNATTACHED FROM UNIT TWO AND CROSSED THE CENTER LINE. UNIT ONE STRUCK THE TRAILER HEAD ON THEN ROLLED APPROXIMATELY THREE TIMES. UNIT ONE CAME TO A RESTING UPRIGHT POSITION. THE TRAILER LANDED IN THE DITCH ON THE SOUTH SIDE OF COUNTY ROAD A. THE LAWN MOWER CAME OFF THE TRAILER AND CAME TO A STOP ON THE E/B LANE OF THE ROAD. UNIT TWO HAD A 1 7/8 INCH BALL HITCH AND THE TRAILER NEEDED A 2 INCH BALL HITCH. UNIT TWO DID NOT HAVE THE SAFETY CHAINS ATTACHED CORRECTLY AND THE LAWN MOWER WAS NOT SECURED TO THE TRAILER.

WISCONSIN MOTOR VEHICLE CRASH REPORT

L	oca	tion Example									
_	_	THA EB		10.000			Latitude			Longitud	de
	(2)(2)	T W					43.89956	3925			1096966
		INGLE RD					X Coordina				
11	N TH	E TOWN OF OAKDAL	E				2.5.5.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.			Y Coord	
II	OM P	NROE COUNTY					225890.3			486638	02.3
							Structure 1	Гуре			
_	raci	h Scene									
							re un				
-		armful Event					First Harm		Location		
		O/EQUIPMENT LOSS	OR SHIFT				ON ROA				
N	lanne	r of Collision					Light Cond				
0	6-SI	DESWIPE/OPPOSITE	DIRECTION				DAYLIGH				
F	Road S	Surface Condition(s)					Roadway I	Factor(s)			
١v	VET										
Ľ											
E	nviro	nment Factor(s)									
1	ONE	<u> </u>					NONE				
L											
V	Veath	er Condition(s)									
	CLOU	IDY									
L	ni '	Type					Dolatic - T	o Trofficer	31/		
1	ınımai	Туре					Relation To		-		
L									ON ROAD		
	Crash	Classification - Location							- Jurisdiction		
F	PUBL	IC PROPERTY							RISDICTION		
٦	ribal	Land					Access Co	ontrol			Special Study
1							NO CONTROL				
h	Vithin	Interchange Area	Junction Location			Intersection	n Type				
	O	1 /	NON-JUNCTION			NOT AN	INTERSE	CTION			
		е Туре		-	Reaso	ns for Clos	sure				
- 1		CLOSURE					RCEMENT, FIRE/EMS, MED FLIGHT				
- 1		nitial Lane/Rd Closed	Time Initial Lane/Rd Clos	ed	LAW	ENFORC					
- 1			01:27 PM	cu			,		10, 11.20 1 2.0111		
- 1		/2019	Time All Lanes Open		Date	Scene Clear	red Tir		me Scene Cleared		
- 1		All Lanes Open	06:20 PM			/2019	-		06:20 AM		
L	09/2/	/2019	06.20 FWI		03/2/	72010					
L	Init	Summary -									
	Unit S			Veh	icle Ope	rating As C	lassification		Unit Type		
- 1	IN TE	RANSIT		DC	LASS				AUTOMO	BILE	
-		е Туре							Operating As Endorsements		
- 1		RT) UTILITY VEHICLE									
L	-		Train/Bus # Recorded	Tota	I # Citat	ions Issued		Total Tra	ailers	Total Haz	Mat Types
- 1	Total			0				0		0	
L		2002	Direction Of Travel	- -	Des	CrachTies		Speed Li	imit	Total Lan	es
- 1		ance?	WESTBOUND		Pre	CrashTire Mark	•	55		2	
<u> </u>	YES			Sno	cial Fun			1	Emergency	A STATE OF THE PARTY OF THE PAR	icle Use
_		Harmful Event: Collision W				IAL FUNC	TION		NOT APP		
- 1		GO/EQUIPMENT LOS	S OR SHIFT						Traffic Cont	rol Inoperat	ive/Missing
- 1		c Way		9 3000-0003	fic Cont				NO		-
		-WAY, NOT DIVIDED			CONT				Road Grade	2	
		се Туре		- A.	d Curva				LEVEL	-	
		CKTOP (BITUMINOUS	5)	STI	RAIGH	I			LEVEL		
Ì	Truck	Bus or HazMat									
	NO										y a naturing or the EPS Superior Res
		/ehicle									
	,	License Plate Number		Pla	te Type			St	Country of Is	suance	
						HT TRUC	к	WI	UNITED S	TATES	
	ļ	AA9548	phor	17.00 10	ke			Year	Model		9
=	-	Vehicle Identification Num			HEVRO	LET		2014	SILVERAD	00	
6	5	3GCUKTEC7EG5098	70		dy Style				Bus Use		
		Cotor							NOT A BU	S	
	BLK - BLACK PK - PICKUP										

4100

WISCONSIN MOTOR VEHICLE CRASH REPORT

ı	щ	Initial Contact Point	Vehicle Damage	(608) 269-2117				
I≡	C	12FRONT	Verlicie Damage					
UNIT	VEHICL	Extent Of Damage DISABLING DAMAGE	ALL AREAS					
1		Towed Due To Damage	Vehicle Removed By					
		TOWED DUE TO DISABLING DAMAGE What Driver Was Doing	GRANGERS WRECKER					
		GOING STRAIGHT	Vehicle Factors					
		Driver Prior Action Other	NOT APPLICABLE					
İ								
	111	Driver Actions NO CONTRIBUTING ACTION						
Ŀ	7							
LIND	VEHICLE							
	>							
l		Owner Name	TQ					
l_	_	RENEE M SCHEELER	Owner Address 10066 FUNNEL RD					
2	0		energy was, VII has is the					
		Sequence Of Events Event						
	01	MOTOR VEH IN TRANSPORT						
	05	STRUCK BY FALLING, SHIFTING CARGO OR AN	YTHING SET IN MOTION BY MOTOR	VEHICLE				
	03	Event						
	04	Event						
١.		Policy Holder						
NN		Insurance Company	Individual					
>		WISCONSIN-MUTUAL-INS-CO	RENEE SCHEELER					
	-	Individual						
		Driver RENEE M SCHEELER	Citations Issued 0	Sex				
	٩L		Date of Birth	FEMALE Race				
⊨	NDIVIDUAL		08/05/1960	WHITE				
LIND	⋛	Address	Driver License Number \$4607336078500					
_	Ĭ	10066 FUNNEL RD	STATE: WISCONSIN COUNTRY:	UNITED STATES				
	C-	On Duty Crash	Safety Equipment					
	Jai	fety Equipment	NONE LICED VEHICLE OCCUPA	NT				
		Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY	NONE USED - VEHICLE OCCUPANT					
		Helmet Use	Helmet Compliance	The second secon				
		Eye Protection	Tint Compliance					
5	001	Injury Severity Suspected Serious Injury	Airbag DEPLOYED-COMBINATION					
		Ejected Ejection Path		Trapped/Extricated				
		NOT EJECTED NOT EJECTED/NOT AP	PLICABLE EMS Agency Identifier	TRAPPED/EXTRICATED EMS Run #				
		Medical Transport EMS AIR	6001336	201909272178				
		Hospital	Date of Death	Time of Death				
1		GUNDERSEN LUTHERAN MED CTR						
		Distracted By NOT APPLICABLE (NOT DISTR	RACTED)					

4100

WISCONSIN MOTOR VEHICLE CRASH REPORT

								(608) 269-2117	
		Distracted By Action NOT DISTRACTED	ס						
		Non Motorist	Striking Unit #	Location					
		Prior Action							
		Action		****		•		· · · · · · · · · · · · · · · · · · ·	
	_								
_	N								
UNIT	INDIVIDUAL								
		Action Other				*************************************		To/From School	
		Drug & Alcohol	Suspected Alcohol U	lse	Suspected Drug Use			L	
	•	Alcohol Test Given	NO	Alcohol Test Type	NO		Alcohol Test Results		
		TEST NOT GIVEN	l			*.*	2 Sandandar Contra State Contra		
		Drug Test Given TEST NOT GIVEN	ı	Drug Test Type		Drug Test Results			
5	00	Drug Type							
	_	Individual Condition						***	
		APPEARED NOR	MAL						
1		Individual			Citations Issued		Sex		
	_	Passenger RICKI G SCHWA			0		MALE		
_	λV		•		Date of Birth 02/16/1952		Race WHITE		
NS NS	INDIVIDUAL	Address 10066 FUNNEL F	en		Driver License Number \$5207275205609				
	Z			•	STATE: WISCONSIN COUNTRY: UNITED STATES				
			On Duty Crash		Safety Equipment				
	Sa	Seat Position	12		SHOULDER & LAP	BELT			
		3-FRONT SEAT	RIGHT SIDE (TRA	IN ENGINEER	Haland Campliana				
		Helmet Use			Helmet Compliance				
		Eye Protection			Tint Compliance				
=	005	Injur	Injury Severity SUSPECTED SE	DIOUS IN IUR	Airbag DEPLOYED-COMBI	NATION			
	_	Ejected	Ejection P.		1		Trapped/Extricated		
		NOT EJECTED Medical Transport	NOT EJE	CTED/NOT APP	LICABLE EMS Agency Identifier		NOT TRAPPED EMS Run #		
		EMS GROUND			6000339		201909272178		
		Hospital TOMAH MEM HO	OSP		Date of Death		Time of Death		
		Distracted B	Distracted By Source	ce					
		Distracted By Action							
			Striking Unit #	Location					
		Non Motoris	st						

WISCONSIN MOTOR VEHICLE CRASH REPORT

	Γ	Prior Action						(608) 269-211
	1							
		Action						
	اب							
_	INDIVIDUAL							
UNIT	9							
_								
	Z							
		Action Other			· · · · · · · · · · · · · · · · · · ·			To/From School
	ļ	Suspec	cted Alcohol U		IC			
	E	Drug & Alcohol NO	sted Alcohol Os	se	Suspected Drug Use NO			
		Alcohol Test Given		Alcohol Test Type			Alcohol Test Results	
		TEST NOT GIVEN						
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results	3	
_	2	Drug Type						
9	005							
		Individual Condition			· · · · · · · · · · · · · · · · · · ·			
		APPEARED NORMAL						
		APPEARED NORMAL						
	į	Individual						
		Passenger SPENCE ALLEN SCHEE	. ED		Citations Issued		Sex	
	AL	SPENCE ALLEN SCHEE	LEN		O Date of Birth		MALE Race	
_	INDIVIDUAL				06/23/1940		WHITE	
LIND	Ž	Address			Driver License Number \$4607814022301		L.,	***
-	Ĭ	5504 LAKE JULIA RD			STATE: WISCONSI	N COUNTRY: UN	ITED STATES	
		The second secon	and the second second					
	Ca	fety Equipment	ity Crash		Safety Equipment			
	Jai	Seat Position			SHOULDER & LAP	BELT		
		4SECOND SEAT-LEFT	SIDE(MOTO	ORCYCLE/BI				
l		Helmet Use			Helmet Compliance			
		Eye Protection			Tint Compliance			
		Lye i lotection			Time Compilation			
=	003	Injury	Severity		Airbag	INI		
10	0	Injury SUSF	Ejection Pal		DEPLOYED-CURTA	in .	Trapped/Extricated	
l		NOT EJECTED		CTED/NOT APPL	ICABLE		TRAPPED/EXTRICA	TED
		Medical Transport			EMS Agency Identifier		EMS Run # 201909272178	
		EMS GROUND Hospital			6000339 Date of Death		Time of Death	
		GUNDERSEN LUTHERA	AN MED CTR	1				
		Distracted By Distract	cted By Source					
1		Distracted By Action						
		Distracted by Action						
		Non Motorist	ng Unit #	Location				
		Prior Action		L				
		T HOI AGIGIT						

WISCONSIN MOTOR VEHICLE CRASH REPORT

	1	Action					(608) 269-211		
_	INDIVIDUAL								
UNIT	₽ N								
_	٥								
	=								
		Action Other							
		Action other					To/From School		
	,	Drug & Alcohol NO	nol Use	Suspected Drug Use		*************			
	Ī	Alcohol Test Given	Alashal Tord T	NO		T			
ì		TEST NOT GIVEN	Alcohol Test Type	9		Alcohol Test Results			
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results	6			
5	003	Drug Type			<u> </u>				
١	0								
		Individual Condition			* National				
		APPEARED NORMAL							
		Individual		7.34.4.4.					
		Passenger JAMES LEROY FIELDS		Citations Issued		Sex			
	λŁ			O Date of Birth		MALE Race			
ا≡	Ę			12/03/1940		WHITE			
L N	INDIVIDUAL	Address 4897 HWY 17 N		Driver License Number F4324524044309					
	Z			STATE: WISCONSIN	N COUNTRY: UN	ITED STATES			
	_	On Duty Crash		Safety Equipment					
	Sa	nfety Equipment		NONE USED - VEHI	CLE OCCUDANT				
		Seat Position 6-SECOND SEAT-RIGHT SIDE		NONE USED - VEHIC	CLE OCCUPANT	ı			
		Helmet Use		Helmet Compliance		7			
		Eye Protection		Tint Compliance					
1_	. 4	Injury Severity		Airbag	V				
5	90		SERIOUS INJUR	DEPLOYED-CURTA	IN	Trapped/Extricated			
1			on Path EJECTED/NOT APP	LICABLE		NOT TRAPPED			
		Medical Transport		EMS Agency Identifier		EMS Run # 201909272178			
		EMS GROUND Hospital		6000339 Date of Death		Time of Death			
		GUNDERSEN LUTHERAN MED							
		Distracted By S	Source				,		
		Distracted By Action							
		Striking Unit #	Location						
		Prior Action							

WISCONSIN MOTOR VEHICLE CRASH REPORT

ı		Action							(608) 269-211	
	7	Action								
Ħ	INDIVIDUAL									
UNIT	2									
	Z									
		Action Other								
		Adion Other							To/From School	
	ı	Drug & Alcohol	Suspect NO	ted Alcohol	Use	Suspected Drug Use NO				
		Alcohol Test Given TEST NOT GIVEN			Alcohol Test Type	e		Alcohol Test Results		
		Drug Test Given			Drug Test Type		Drug Test Results	<u> </u>		
	4	TEST NOT GIVEN Drug Type								
01	004	3 - 7,5								
		Individual Condition								
		APPEARED NORI	MAL							
		Individual				• • • • • • • • • • • • • • • • • • • •				
		Passenger MARIE M FIELDS	MARIE M FIELDS					Sex FEMALE		
	M	(215) 250 2110				O Date of Birth		Race	· · · · · · · · · · · · · · · · · · ·	
TINO	INDIVIDUAL	Address				12/25/1943 Driver License Number		WHITE		
_	N	4897 HWY 17 N RHINELANDER, V	VI 5450	1 , US		F4325534396506 STATE: WISCONSIN COUNTRY: UNITED STATES				
			·	- O						
	Sat	fety Equipment	On Duty	Crasn		Safety Equipment				
		Seat Position 5SECOND SEAT	r-MIDDL	.E		NONE USED - VEHI	CLE OCCUPANT	Г		
		Helmet Use				Helmet Compliance				
		Eye Protection				Tint Compliance				
_	900		Injury S	everity		Airbag		·		
5	ŏ	Injury Ejected	SUSPE	Ejection Pa	RIOUS INJUR	UNKNOWN		Trapped/Extricated		
		NOT EJECTED		1	CTED/NOT APP			UNKNOWN		
		Medical Transport EMS GROUND				EMS Agency Identifier 6000339		EMS Run # 201909272178		
		Hospital GUNDERSEN LUT	THERAI	N MED CT	R	Date of Death		Time of Death		
		Distracted By	Distract	ed By Source		<u> </u>				
		Distracted By Action	<u> </u>							
		Non Motorist	Striking	Unit #	Location					
		Prior Action	<u> </u>		.1					
l		1								

WISCONSIN MOTOR VEHICLE CRASH REPORT

Action								
ction Other							To/From School	
Suspension No.	pected Alcohol Use		Suspected Drug Use					
lcohol Test Given	Alc	ohol Test Typ				Alcohol Test	t Results	
rug Test Given	Dru	ıg Test Type		Drug Te	est Results			
TEST NOT GIVEN								
rug Type								
dividual Condition								
PPEARED NORMAL								
Summary ===				· · · ·		Inila e de		
tus ANSIT				sification		AUTOMOBILE		
Type					Operating A	s Endorsements		
Total Occs Train/Bus # Recorded			Total # Ottations loaded			ers	Total HazMat Types 0	
pe?	Direction Of Travel		Pre CrashTire		Speed Lin	nit	Total Lanes	
armful Event: Collision Wi	A 12 CO. CO. CO. CO. CO. CO.		Special Function			Emergency Motor Vehicle Use NOT APPLICABLE		
R VEH IN TRANSPOI			1 No. 17 (M			Traffic Control Inoperative/Missing		
VAY, NOT DIVIDED		1	WARNING SIGN			YES Road Grade		
Type (TOP (BITUMINOUS)			Road Curvature STRAIGHT			LEVEL		
us or HazMat								
hicle					04	I Courts := £!	CCU2RO	
cense Plate Number			Plate Type AUT - AUTOMOBILE			UNITED S		
ehicle Identification Numb			Make			Model PILOT		
olor			Body Style			Bus Use NOT A BU	JS	
BLK - BLACK			GA - WAGON Vehicle Damage					
tial Contact Point								
tial Contact Point ON-COLLISION								
			NO DAMAGE					
ON-COLLISION tent Of Damage O DAMAGE wed Due To Damage	TO DISABLING	DAMAG		l				
ON-COLLISION Itent Of Damage O DAMAGE	E TO DISABLING	DAMAG	NO DAMAGE Vehicle Removed By	I				
	cohol Test Given EST NOT GIVEN ug Test Given EST NOT GIVEN ug Type dividual Condition PPEARED NORMAL Gummary Type Type Type Type Type Type Type T	Suspected Alcohol Use NO Suspected Alcohol Use NO Subhol Test Given EST NOT GIVEN Ug Test Given EST NOT GIVEN Ug Type dividual Condition PPEARED NORMAL Summary Type Type Type Type Type Type Type Typ	Suspected Alcohol Use NO Suspected Alcohol Use NO Subhol Test Given EST NOT GIVEN Ug Test Given EST NOT GIVEN Ug Type Sividual Condition PPEARED NORMAL Summary Type T) UTILITY*VEHICLE CS Train/Bus # Recorded EASTBOUND Tope The Train Form Type Tay YAY, NOT DIVIDED Type TOP (BITUMINOUS) Is or HazMat Chicle Eense Plate Number S2FZZ Inicle Identification Number	Suspected Drug Use NO Suspected Drug Use NO Suspected Drug Use NO Alcohol Test Type BEST NOT GIVEN Ug Test Given EST NOT GIVEN Ug Type dividual Condition PPEARED NORMAL Summary Use NSIT D CLASS Total # Citations Issued 0 e? Direction Of Travel EASTBOUND EASTBOUND PPE CrashTire EASTBOUND Pre CrashTire Mark Special Function NO SPECIAL FUNCTION AVEN IN TRANSPORT ANY NAY, NOT DIVIDED Type TOP (BITUMINOUS) Is or HazMat Plate Type AUT - AUTOMOBILE Mark Plate Type AUT - AUTOMOBILE Mark Plate Type AUT - AUTOMOBILE Make HONDA	Suspected Alcohol Use NO Suspected Alcohol Use NO	Suspected Drug Use NO Suspected Drug Use NO Alcohol Test Type ST NOT GIVEN Up Test Given ST NOT GIVEN Up Type Alcohol Test Type Drug Test Type Drug Test Results Drug Test Results Drug Test Results Drug Test Type Drug Test Results Drug Test Type Drug Test Results Drug Test Type Drug Test Type Drug Test Results Drug Test Type Drug Test Results Drug Test Type Drug Test Type Drug Test Results Drug T	Suspected Alcohol NO Suspected Alcohol Use NO Suspected Alcohol Use NO Suspected Drug Use NO Alcohol Test Given EST NOT GIVEN Up Test Given EST NOT GIVEN Up Test Given EST NOT GIVEN Up Test Given Suspected Drug Use NO Drug Test Results Drug Test Pesults	

WISCONSIN MOTOR VEHICLE CRASH REPORT

									(000) 203-2		
TIND	VEHICLE	Driver Actions OPERATED MOTOR V	VEHICLE	IN INATTENTIVE, CA	ARELESS	OR ERRATIC MA	NNER				
02	05	Owner Name GEORGE W SONNTA	AG III		W 104	Address 87 COUNTY ROA					
		Sequence Of Ever	nts								
	5	MOTOR VEH IN TRANSPORT									
	02	Event CARGO/EQUIPMENT LOSS OR SHIFT									
	03	Event									
	40	Event									
_		L Policy Holder									
IND		Insurance Company STATE-FARM-GENE	RAI -INS-	co	Individual	E SONNTAG					
		Trailer/Towed									
02		Trailer Plate #		State	Count						
TINO	TRAILER/ TOWED	Unit Type UTILITY TRAILER Vehicle Identification Number			Address W10490 COUNT			490 COUNTY ROAD A			
Ì		Individual									
		Driver GEORGE W SONNT	AG III		Citations Issued 0			Sex MALE			
1.	UAL					Date of Birth 03/06/1967		Race WHITE			
ENT	INDIVIDUAL	Address W 10487 COUNTY R	OAD A	***	Driver License Number S64232788603674 STATE: NEW JERSEY COUNTRY: UNITED STATES						
	_		n Duty Cras	h	Safety Eq	uipment					
	Si	Seat Position			SHOULD	ER & LAP BELT					
		1FRONT SEAT-LEI Helmet Use	FT SIDE (L	JHIVER/MOTORCY	Helmet Co	ompliance					
		Eye Protection			Tint Comp	liance	-				
18	20	Injury	njury Severit	ENT INJURY	Airbag NON DE	PLOYED					
		Ejected	Ejec	tion Path				Trapped/Extricated NOT TRAPPED	4		
		NOT EJECTED NOT EJECTED/NOT APPLICABLE NOT THAPPED Medical Transport EMS Agency Identifier EMS Run #									
		NOT TRANSPORTE Hospital	D		Date of De	eath		Time of Death			
		Distracted By	Distracted By	Source	CTED)						
		Distracted By Action	TOT APPL	TOADEL (NO. BIOTAL							
		NOT DISTRACTED									