

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Override		Primary Crash Document #		Agency Crash Number		Investigating Officer/Deputy DEPUTY DAVID SCHEEL	
Crash Date 09/27/2019		Crash Time 11:57 AM		Date Arrived 09/27/2019		Time Arrived 12:11 PM	
Date Notified 09/27/2019		Time Notified 11:57 AM		Total Units 02		Total Injured 05	Total Killed 00
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input checked="" type="checkbox"/> Lane Closure		<input type="checkbox"/> Work Zone		<input checked="" type="checkbox"/> Trailer or Towed	<input 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

Diagram

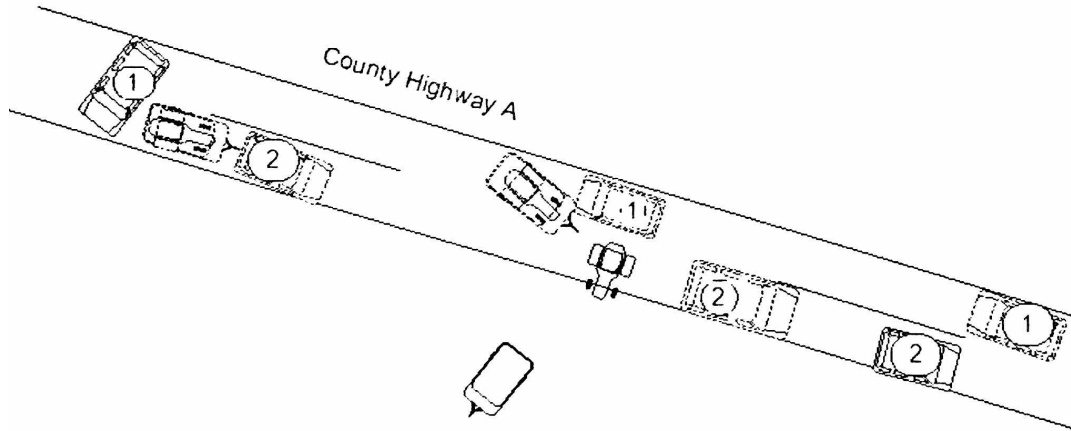
Drawing not to scale



Reconstruction By
STATE PATROL DOC NUMBERS ONLY

Photos By
STATE PATROL

Additional Information
PHOTOS, RECONSTRUCTION



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

UNIT TWO WAS TRAVELING E/B ON CO HWY A HAULING A TRAILER WITH A LAWN MOWER ON THE TRAILER. UNIT ONE WAS TRAVELING W/B 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.

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Location

ON CTHA EB 1188 FT W OF JUNGLE RD IN THE TOWN OF OAKDALE IN MONROE COUNTY	Latitude 43.899563925	Longitude -90.413096966
	X Coordinate 225890.359375	Y Coordinate 4866382.5
	Structure Type	

Crash Scene

First Harmful Event CARGO/EQUIPMENT LOSS OR SHIFT		First Harmful Event Location ON ROADWAY	
Manner of Collision 06--SIDESWIPE/OPPOSITE DIRECTION		Light Condition DAYLIGHT	
Road Surface Condition(s) WET		Roadway Factor(s) NONE	
Environment Factor(s) NONE			
Weather Condition(s) CLOUDY			
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	
Closure Type FULL CLOSURE		Reasons for Closure LAW ENFORCEMENT, FIRE/EMS, MED FLIGHT	
Date Initial Lane/Rd Closed 09/27/2019	Time Initial Lane/Rd Closed 01:27 PM		
Date All Lanes Open 09/27/2019	Time All Lanes Open 06:20 PM	Date Scene Cleared 09/27/2019	Time Scene Cleared 06:20 AM

Unit Summary

UNIT 01	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type (SPORT) UTILITY VEHICLE				Operating As Endorsements	
	Total Occs 5	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	Total Lanes 2	
	Most Harmful Event: Collision With CARGO/EQUIPMENT LOSS OR SHIFT		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 NO					

Vehicle

UNIT 01	License Plate Number AA9548	Plate Type LTK - LIGHT TRUCK	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 3GCUKTEC7EG509893	Make CHEVROLET	Year 2014	Model SILVERADO
	Color BLK - BLACK	Body Style PK - PICKUP	Bus Use NOT A BUS	

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UNIT VEHICLE	Initial Contact Point 12--FRONT	Vehicle Damage	
	Extent Of Damage DISABLING DAMAGE	ALL AREAS	
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By GRANGERS WRECKER	
	What Driver Was Doing GOING STRAIGHT	Vehicle Factors	
	Driver Prior Action Other	NOT APPLICABLE	
UNIT VEHICLE	Driver Actions NO CONTRIBUTING ACTION		
	Owner Name RENEE M SCHEELER	Owner Address 10066 FUNNEL RD	
01	Sequence Of Events		
01	Event MOTOR VEH IN TRANSPORT		
02	Event STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY MOTOR VEHICLE		
03	Event		
04	Event		
UNIT	Policy Holder		
	Insurance Company WISCONSIN-MUTUAL-INS-CO	Individual RENEE SCHEELER	
UNIT INDIVIDUAL	Individual		
	Driver RENEE M SCHEELER	Citations Issued 0	
		Sex FEMALE	
		Date of Birth 08/05/1960	
	Race WHITE		
	Address 10066 FUNNEL RD	Driver License Number S4607336078500 STATE: WISCONSIN COUNTRY: UNITED STATES	
UNIT INDIVIDUAL	Safety Equipment	On Duty Crash	
		Safety Equipment	
	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY)	NONE USED - VEHICLE OCCUPANT	
	Helmet Use	Helmet Compliance	
	Eye Protection	Tint Compliance	
	Injury	Injury Severity SUSPECTED SERIOUS INJUR	Airbag DEPLOYED-COMBINATION
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated TRAPPED/EXTRICATED
Medical Transport EMS AIR	EMS Agency Identifier 6001336	EMS Run # 201909272178	
Hospital GUNDENSEN LUTHERAN MED CTR	Date of Death	Time of Death	
Distracted By	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		

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UNIT
INDIVIDUAL

Distracted By Action NOT DISTRACTED	
Non Motorist	Striking Unit # Location
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	

01
001

UNIT
INDIVIDUAL

Individual	
Passenger RICKI G SCHWANZ (608) 269-2117	Citations Issued 0 Sex MALE
	Date of Birth 02/16/1952 Race WHITE
Address 10066 FUNNEL RD (608) 269-2117	Driver License Number S5207275205609 STATE: WISCONSIN COUNTRY: UNITED STATES
Safety Equipment	On Duty Crash Safety Equipment
Seat Position 3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER	SHOULDER & LAP BELT
Helmet Use	Helmet Compliance
Eye Protection	Tint Compliance
Injury	Injury Severity SUSPECTED SERIOUS INJUR Airbag DEPLOYED-COMBINATION
Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE Trapped/Extricated NOT TRAPPED
Medical Transport EMS GROUND	EMS Agency Identifier 6000339 EMS Run # 201909272178
Hospital TOMAH MEM HOSP	Date of Death Time of Death
Distracted By Distracted By Source	
Distracted By Action	
Non Motorist	Striking Unit # Location

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002

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UNIT	INDIVIDUAL	Prior Action	
		Action	
01	002	Action Other	
		To/From School	
01	002	Drug & Alcohol	
		Suspected Alcohol Use NO	
		Suspected Drug Use NO	
		Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type
		Alcohol Test Results	
01	003	Drug Test Given TEST NOT GIVEN	Drug Test Type
		Drug Test Results	
		Drug Type	
		Individual Condition APPEARED NORMAL	
		Individual	
UNIT	INDIVIDUAL	Passenger SPENCE ALLEN SCHEELER	Citations Issued 0
			Sex MALE
		Date of Birth 06/23/1940	Race WHITE
01	003	Address 5504 LAKE JULIA RD	Driver License Number S4607814022301
			STATE: WISCONSIN COUNTRY: UNITED STATES
		Safety Equipment	
01	003	On Duty Crash	Safety Equipment
		Seat Position 4--SECOND SEAT-LEFT SIDE(MOTORCYCLE/BI	SHOULDER & LAP BELT
		Helmet Use	Helmet Compliance
		Eye Protection	Tint Compliance
		Injury	Injury Severity SUSPECTED SERIOUS INJUR
01	003	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE
		Trapped/Extricated TRAPPED/EXTRICATED	
		Medical Transport EMS GROUND	EMS Agency Identifier 6000339
		EMS Run # 201909272178	
		Hospital GUNDERSEN LUTHERAN MED CTR	Date of Death
01	003	Time of Death	
		Distracted By	
		Distracted By Source	
Distracted By Action			
01	003	Non Motorist	
		Striking Unit #	Location
Prior Action			

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UNIT INDIVIDUAL	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		
	Individual		
	Passenger JAMES LEROY FIELDS [REDACTED]	Citations Issued 0	Sex MALE
	Date of Birth 12/03/1940	Race WHITE	
Address 4897 HWY 17 N [REDACTED]	Driver License Number F4324524044309 STATE: WISCONSIN COUNTRY: UNITED STATES		
Safety Equipment	On Duty Crash	Safety Equipment	
Seat Position 6--SECOND SEAT-RIGHT SIDE	NONE USED - VEHICLE OCCUPANT		
Helmet Use	Helmet Compliance		
Eye Protection	Tint Compliance		
Injury	Injury Severity SUSPECTED SERIOUS INJUR	Airbag DEPLOYED-CURTAIN	
Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED	
Medical Transport EMS GROUND	EMS Agency Identifier 6000339	EMS Run # 201909272178	
Hospital GUNDERSEN LUTHERAN MED CTR	Date of Death	Time of Death	
Distracted By	Distracted By Source		
Distracted By Action			
Non Motorist	Striking Unit #	Location	
Prior Action			

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UNIT
INDIVIDUAL

Action		
Action Other		To/From School

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004

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		

UNIT
INDIVIDUAL

Passenger MARIE M FIELDS 7415 269 2117	Citations Issued 0	Sex FEMALE
	Date of Birth 12/25/1943	Race WHITE
Address 4897 HWY 17 N RHINELANDER, WI 54501 , US	Driver License Number F4325534396506 STATE: WISCONSIN COUNTRY: UNITED STATES	

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005

Safety Equipment	On Duty Crash	Safety Equipment
Seat Position 5--SECOND SEAT-MIDDLE	NONE USED - VEHICLE OCCUPANT	
Helmet Use	Helmet Compliance	
Eye Protection	Tint Compliance	
Injury	Injury Severity SUSPECTED SERIOUS INJUR	Airbag UNKNOWN
Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated UNKNOWN
Medical Transport EMS GROUND	EMS Agency Identifier 6000339	EMS Run # 201909272178
Hospital GUNDERSEN LUTHERAN MED CTR	Date of Death	Time of Death
Distracted By	Distracted By Source	
Distracted By Action		
Non Motorist	Striking Unit #	Location
Prior Action		

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UNIT	INDIVIDUAL	Action	
		Action Other	
01	005	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	

Unit Summary

UNIT	02	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type AUTOMOBILE
		Vehicle Type (SPORT) UTILITY VEHICLE	Operating As Endorsements	
		Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0
		Insurance? YES	Direction Of Travel EASTBOUND	Total Trailers 1
		Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT	Special Function NO SPECIAL FUNCTION	Total HazMat Types 0
		Traffic Way TWO-WAY, NOT DIVIDED	Traffic Control WARNING SIGN	Speed Limit 55
		Surface Type BLACKTOP (BITUMINOUS)	Road Curvature STRAIGHT	Total Lanes 2
		Truck Bus or HazMat NO	Emergency Motor Vehicle Use NOT APPLICABLE	Traffic Control Inoperative/Missing YES
			Road Grade LEVEL	

Vehicle

UNIT	VEHICLE	02	02	License Plate Number R52FZZ	Plate Type AUT - AUTOMOBILE	St NJ	Country of Issuance UNITED STATES
				Vehicle Identification Number 5FN9F4H4XCB058199	Make HONDA	Year 2012	Model PILOT
				Color BLK - BLACK	Body Style GA - WAGON	Bus Use NOT A BUS	
				Initial Contact Point NON-COLLISION	Vehicle Damage NO DAMAGE		
				Extent Of Damage NO DAMAGE	Towed Due To Damage TOWED BUT NOT DUE TO DISABLING DAMAG		
				What Driver Was Doing GOING STRAIGHT	Vehicle Removed By LARKINS WRECKER		
				Driver Prior Action Other	Vehicle Factors NOT APPLICABLE		

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UNIT VEHICLE	Driver Actions OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER	
	Owner Name GEORGE W SONNTAG III [REDACTED]	Owner Address W 10487 COUNTY ROAD A [REDACTED]

UNIT VEHICLE	Sequence Of Events	
	01	Event MOTOR VEH IN TRANSPORT
	02	Event CARGO/EQUIPMENT LOSS OR SHIFT
	03	Event
04	Event	

UNIT	Policy Holder	
	Insurance Company STATE-FARM-GENERAL-INS-CO	Individual GEORGE SONNTAG

UNIT TRAILER/ TOWED	Trailer/Towed				
	Trailer Plate #	Plate Type	Make HMDE	State	Country of Issuance
	Unit Type UTILITY TRAILER	Individual LONDON F LARSON (608) [REDACTED]		Address W10490 COUNTY ROAD A [REDACTED]	
	Vehicle Identification Number				

UNIT INDIVIDUAL	Individual		
	Driver GEORGE W SONNTAG III [REDACTED]	Citations Issued 0	Sex MALE
	Date of Birth 03/06/1967	Race WHITE	
Address W 10487 COUNTY ROAD A [REDACTED]		Driver License Number S64232788603674 STATE: NEW JERSEY COUNTRY: UNITED STATES	

UNIT INDIVIDUAL	Safety Equipment		On Duty Crash	Safety Equipment	
	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY)	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 NOT APPLICABLE (NOT DISTRACTED)		
	Distracted By Action		NOT DISTRACTED		