



**SURVIVAL FACTORS ATTACHMENT**

**WDOT Traffic Crash Report Statements**

**Arlington, WI**

**HWY20FH006**

(19 pages)

**TRAFFIC CRASH REPORT – Statement**

Wisconsin Department of Transportation

SP4426 7/2012

Name (First, Middle, Last)

John L Williams

Address

[Redacted Address]

Crash Number

Birth Date (m/d/yyyy)

[Redacted Birth Date]

Home (Area Code) Telephone Number

Business (Area Code) Telephone Number

Carry in 60013

Were you the

Driver  Passenger  Witness

In what direction were you heading or facing?

North

On what highway were you traveling?

I-90 N Bnd

In what lane were you?

Truck Lw

NARRATIVE: In your own words, explain what happened:

sitting at about the 120 and Hats  
accident on I-90 Because of traffic 4 ways on  
and in my mirror I saw a truck coming up  
and then hit me hard I pulled forward to get out  
of the way on the shoulder

You may draw a picture to help you explain what happened.

Please complete reverse side, where applicable.

X

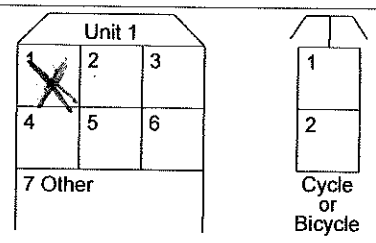
(Signature)

(Date)

Condition at the Time of the Crash - Circle one for each category

<b>LIGHT CONDITION</b>	<b>WEATHER CONDITION</b>	<b>ROAD CONDITION</b>
1. Daylight	1. Clear	1. Dry
2. Dark	2. Cloudy	2. Snow or Ice
3. Dark with Street Lights	3. Rain	3. Wet
4. Dawn or Dusk	4. Snow or Ice	4. Gravel
	5. Fog or Mist	5. Slush
	6. Sleet	6. Muddy
		7. Oily
		8. Other

Place an X where you were seated in this vehicle.



Crash Date: Jun 12, 2020 Approximate Time of Crash: 07:16

Where were you coming from prior to the crash? Driving N. on I-90 at the MM 120

Where were you going to? Portage WI

On this trip, how long have you been driving/riding prior to this crash? 06-06:45

How often do you drive this vehicle? often

Does your vehicle have airbags?  NO  YES

Did any airbags deploy?  NO  YES

As far as you know, was there anything wrong with this vehicle prior to the crash?  NO  YES, if YES explain what:

Who else was with you at the time of the crash? For each passenger, give name, address, birth date and seat position. Use additional pages, if needed.  
NOONE

Were you wearing your seat belt?  NO  YES

Were passengers wearing their seat belts?  NO  YES

What were you doing prior to the crash? sitting in traffic waiting for another accident

Did anything interfere with your view at the time of the crash?  NO  YES, if YES explain what:

Were there any other vehicles nearby at the time of the crash?  NO  YES

Did any of these vehicles contribute to the crash?  NO  YES, if YES explain how:

How fast were you traveling? 0 mph

Did you do anything to avoid this crash, i.e., braking, turning, etc.? nothing I could do

In your opinion, why did this crash occur? Drivers behind me were not paying attention

Have any of the vehicles been moved since the crash? yes I moved the truck off the road onto aprin

Have you taken any medication or alcohol within the 6 hours prior to the crash?  NO  YES, if YES explain what:

Do you have insurance?  NO  YES, if YES list name of insurance company:

Please complete reverse side, where applicable.

<b>State Patrol Use Only</b>	Statement Made To (Person Name)	Statement Date
	Statement Made At (Location)	Statement Time <input type="checkbox"/> AM <input type="checkbox"/> PM

**TRAFFIC CRASH REPORT – Statement**

Wisconsin Department of Transportation  
 SP4426 7/2012

Crash Number
Birth Date (m/d/yyyy)
Home (Area Code) Telephone Number
Business (Area Code) Telephone Number

Name (First, Middle, Last)  
Jozi Daniel Perez-Renteria

Address  
 [Redacted]

City, State, ZIP Code  
Janesville, WI 53545

Were you the:  
 Driver     Passenger     Witness

On what highway were you traveling?  
190

In what direction were you heading or facing?  
Northbound 190 towards  
Paynette.

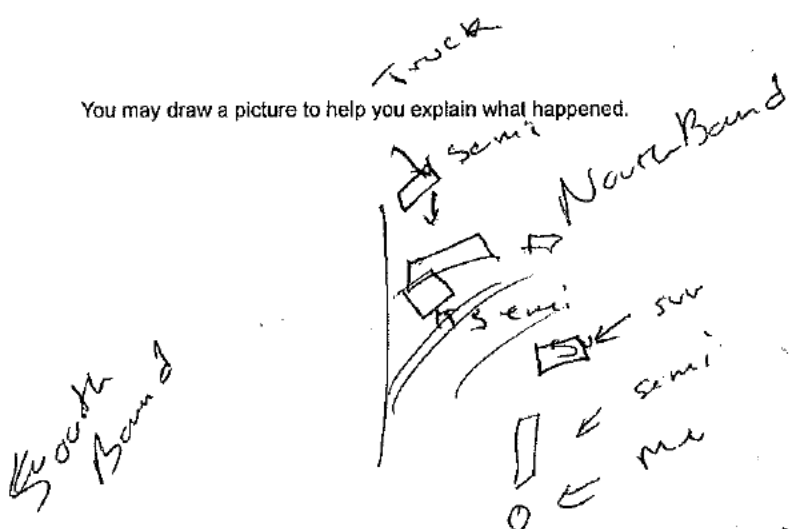
In what lane were you?  
farther right lane

NARRATIVE: In your own words, explain what happened:

From far away  
 I started seen  
 Every stopping  
 when suddenly  
 I saw a semi and  
 a few few cars go  
 with into the  
 ditch and they  
 started on  
 fire.

ready to get out  
 in the last / or light turn  
 exit

You may draw a picture to help you explain what happened.



Please complete reverse side, where applicable.

X (Signature) \_\_\_\_\_ (Date)

Condition at the Time of the Crash - Circle one for each category

**LIGHT CONDITION**

- 1. Daylight
- 2. Dark
- 3. Dark with Street Lights
- 4. Dawn or Dusk

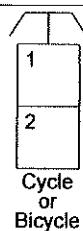
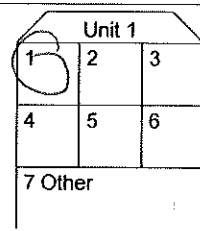
**WEATHER CONDITION**

- 1. Clear
- 2. Cloudy
- 3. Rain
- 4. Snow or Ice
- 5. Fog or Mist
- 6. Sleet

**ROAD CONDITION**

- 1. Dry
- 2. Snow or Ice
- 3. Wet
- 4. Gravel
- 5. Slush
- 6. Muddy
- 7. Oily
- 8. Other

Place an X where you were seated in this vehicle.



Crash Date

6-12-20

Approximate Time of Crash

6:45 am

Where were you coming from prior to the crash?

Bedford Road heading to Fayette (Madison)

Where were you going to?

Work (Fayette)

On this trip, how long have you been driving/riding prior to this crash?

25 min

How often do you drive this vehicle?

Every day to work

Does your vehicle have airbags?

NO  YES

Did any airbags deploy?

NO  YES

As far as you know, was there anything wrong with this vehicle prior to the crash?

NO  YES, if YES explain what:

Who else was with you at the time of the crash? For each passenger, give name, address, birth date and seat position. Use additional pages, if needed.

Myself

Were you wearing your seat belt?

NO  YES

Were passengers wearing their seat belts?

NO  YES

What were you doing prior to the crash?

Went to try to help (I was pretty close to the accident. Try my best to help.)

Did anything interfere with your view at the time of the crash?

NO  YES, if YES explain what:

Were there any other vehicles nearby at the time of the crash?

NO  YES

Did any of these vehicles contribute to the crash?

NO  YES, if YES explain how:

How fast were you traveling?

70

Did you do anything to avoid this crash, i.e., braking, turning, etc.?

No

In your opinion, why did this crash occur?

It almost seem like the semi was trying to stop & it was too late to stop so it took all the cars with. (Prior to the crash ahead).

Have any of the vehicles been moved since the crash?

None

Have you taken any medication or alcohol within the 6 hours prior to the crash?

NO  YES, if YES explain what:

Do you have insurance?

NO  YES, if YES list name of insurance company:

American Family Insurance

Please complete reverse side, where applicable.

<b>State Patrol Use Only</b>	Statement Made To (Person Name)	Statement Date
	Statement Made At (Location)	Statement Time <input type="checkbox"/> AM <input type="checkbox"/> PM

**TRAFFIC CRASH REPORT – Statement**

Wisconsin Department of Transportation  
SP4426 7/2012

Crash Number	KRL114K18M
Birth Date (m/d/yyyy)	
Home (Area Code) Telephone Number	
Business (Area Code) Telephone Number	

Name (First, Middle, Last)  
Gurmeet Singh

Address  
[REDACTED]

City, State, ZIP Code  
BUENA PARK CA 91021

Were you the:  
 Driver     Passenger     Witness

In what direction were you heading or facing?

On what highway were you traveling?

In what lane were you?

NARRATIVE: In your own words, explain what happened:

I Dont see anything

You may draw a picture to help you explain what happened.

Please complete reverse side, where applicable.

X

(Signature)

(Date)

Condition at the Time of the Crash - Circle one for each category

LIGHT CONDITION

- 1. Daylight
- 2. Dark
- 3. Dark with Street Lights
- 4. Dawn or Dusk

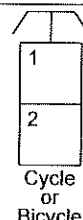
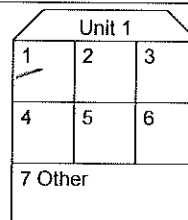
WEATHER CONDITION

- 1. Clear
- 2. Cloudy
- 3. Rain
- 4. Snow or Ice
- 5. Fog or Mist
- 6. Sleet

ROAD CONDITION

- 1. Dry
- 2. Snow or Ice
- 3. Wet
- 4. Gravel
- 5. Slush
- 6. Muddy
- 7. Oily
- 8. Other

Place an X where you were seated in this vehicle.



Crash Date

6-12-2020

Approximate Time of Crash

6:30

Where were you coming from prior to the crash?

C.A

Where were you going to?

Driven back Eva Claire WI

On this trip, how long have you been driving/riding prior to this crash?

NA

How often do you drive this vehicle?

Does your vehicle have airbags?

NO  YES

Did any airbags deploy?

NO  YES

As far as you know, was there anything wrong with this vehicle prior to the crash?

NO  YES, if YES explain what:

Who else was with you at the time of the crash? For each passenger, give name, address, birth date and seat position. Use additional pages, if needed.

I Don't see crash

Were you wearing your seat belt?

NO  YES

Were passengers wearing their seat belts?

NO  YES

What were you doing prior to the crash?

Did anything interfere with your view at the time of the crash?

NO  YES, if YES explain what:

Were there any other vehicles nearby at the time of the crash?

NO  YES

Did any of these vehicles contribute to the crash?

NO  YES, if YES explain how:

How fast were you traveling?

,

Did you do anything to avoid this crash, i.e., braking, turning, etc.?

In your opinion, why did this crash occur?

NA

Have any of the vehicles been moved since the crash?

Have you taken any medication or alcohol within the 6 hours prior to the crash?

NO  YES, if YES explain what:

Do you have insurance?

NO  YES, if YES list name of insurance company:

Please complete reverse side, where applicable.

State Patrol Use Only	Statement Made To (Person Name)	Statement Date
	Statement Made At (Location)	Statement Time
	Insp. J. Root #2674	6/12/2020
	I 39/90/94 MP 120.5	8:30
		<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM

**TRAFFIC CRASH REPORT – Statement**

Wisconsin Department of Transportation  
SP4426 7/2012

Name (First, Middle, Last)

*Justin N Grade*

Address

City, State, ZIP Code

*Dane, WI, 53529*

Crash Number

*KRL 114K18M*

Birth Date (m/d/yyyy)

Home (Area Code) Telephone Number

Business (Area Code) Telephone Number

Were you the:

Driver  Passenger  Witness

In what direction were you heading or facing?

*west*

On what highway were you traveling?

*west bound on K overpass*

In what lane were you?

*NA*

NARRATIVE: In your own words, explain what happened:

*I was crossing the inter-state on county K heading west and saw a white semi driving at full speed to the scene. driver of the semi never slowed down, hit his ~~brakes~~ brakes, or swerved. I did not see the second before impact due to trees.*

You may draw a picture to help you explain what happened.

Please complete reverse side, where applicable.

X

(Signature)

(Date)

*6-12-2020*



Condition at the Time of the Crash - Circle one for each category

LIGHT CONDITION

- 1. Daylight
- 2. Dark
- 3. Dark with Street Lights
- 4. Dawn or Dusk

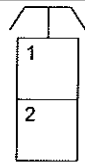
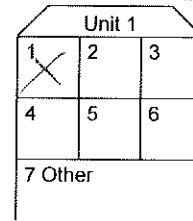
WEATHER CONDITION

- 1. Clear
- 2. Cloudy
- 3. Rain
- 4. Snow or Ice
- 5. Fog or Mist
- 6. Sleet

ROAD CONDITION

- 1. Dry
- 2. Snow or Ice
- 3. Wet
- 4. Gravel
- 5. Slush
- 6. Muddy
- 7. Oily
- 8. Other

Place an X where you were seated in this vehicle.



Cycle or Bicycle

Crash Date 6-12-2020

Approximate Time of Crash

Where were you coming from prior to the crash?  
Arlington Fire Department

Where were you going to?  
Home

On this trip, how long have you been driving/riding prior to this crash?  
27

How often do you drive this vehicle?  
Only summer

Does your vehicle have airbags?

- NO
- YES

NA

Did any airbags deploy?

- NO
- YES

NA

As far as you know, was there anything wrong with this vehicle prior to the crash?

- NO
- YES, if YES explain what:

NA

Who else was with you at the time of the crash? For each passenger, give name, address, birth date and seat position. Use additional pages, if needed.

None

Were you wearing your seat belt?

- NO
- YES

Were passengers wearing their seat belts?

- NO
- YES

NA

What were you doing prior to the crash?

NA

Did anything interfere with your view at the time of the crash?

- NO
- YES, if YES explain what:

NA

Were there any other vehicles nearby at the time of the crash?

- NO
- YES

NA

Did any of these vehicles contribute to the crash?

- NO
- YES, if YES explain how:

NA

How fast were you traveling?

55 mph

Did you do anything to avoid this crash, i.e., braking, turning, etc.?

NA - Not involved

In your opinion, why did this crash occur?

Sem: driver was not paying attention to the road

Have any of the vehicles been moved since the crash?

Not that i know of

Have you taken any medication or alcohol within the 6 hours prior to the crash?

- NO
- YES, if YES explain what:

Do you have insurance?

- NO
- YES, if YES list name of insurance company:

NA

Please complete reverse side, where applicable.

<b>State Patrol Use Only</b>	Statement Made To (Person Name) <u>Insp. J. Root #2674</u>	Statement Date <u>6/12/20</u>
	Statement Made At (Location) <u>I 39/90/94 MP 120.5</u>	Statement Time <u>8:30</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM

**VOLUNTARY STATEMENT**

SP4590 5/2003

Wisconsin Department of Transportation

Name <b>Tyler Martins</b>		Case Number	
Address [REDACTED]		Birth Date [REDACTED]	Sex <b>M</b>
City <b>Hartland</b>		Telephone Number - Home [REDACTED]	Occupation <b>Student</b>
		Telephone Number - Business	

I, the undersigned, am not under arrest for, nor am I being detained for, any criminal offenses concerning the events I am about to make known. Without being accused of or questioned about any criminal offenses regarding the facts I am about to state, I volunteer the following information of my own free will, for whatever purposes it may serve.

**STATEMENT**

My family and I were traveling west on 94, and came upon this crash just after it happened. I ran up to the fire between 2 cars (one pickup) and one semi. We pulled the kid and father out while the cars were on fire. I went up to grab a fire extinguisher from another semi, temporarily put out the fire, Broke the father and son up onto the road. I grabbed a strap from a truck and put a temporary tourniquet on. Medics arrived and I continued to assist as needed.

I have read each page of this statement, each page of which bears my signature, and corrections, if any, bear my initials, and I certify that the facts contained are true and correct.

Statement Made To	Made At	Time <b>7:42 am</b>	Date
-------------------	---------	------------------------	------

<u>[Signature]</u> (Witness Signature)	<u>6/12/20</u> (Date)	<u>[Signature]</u> (Signature of Person Submitting Statement)	<u>[Date]</u> (Date)
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**TRAFFIC CRASH REPORT – Statement**

Wisconsin Department of Transportation  
SP4428 7/2012

Crash Number	
Name (First, Middle, Last) Earl Morgan Hest	Birth Date (m/d/yyyy) [REDACTED]
Address [REDACTED]	Home (Area Code) Telephone Number [REDACTED]
City, State, ZIP Code Lowell Rock WI	Business (Area Code) Telephone Number
Were you the: <input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input checked="" type="checkbox"/> Witness	In what direction were you heading or facing? North
On what highway were you traveling? I 39-N	In what lane were you? Center

NARRATIVE: In your own words, explain what happened:  
I WAS STOPPED ROAD SLOW DOWN, WITNESSED BIG TRUCK  
SLOW INTO DUMP & CAR → TRUCK TRUCK WAS ON FIRE  
SAW PEOPLE IN SIDE GOT BOY AND SAW OUT  
HEARD SCREAMING, FROM OTHER CAR COULD NOT HELP.

You may draw a picture to help you explain what happened.

Please complete reverse side, where applicable.

X [REDACTED]  
\_\_\_\_\_  
(Signature)



**VOLUNTARY STATEMENT**

Wisconsin Department of Transportation

SP4590 5/2003

Name <i>Bradley Hemmer</i>		Case Number	
Address [REDACTED]		Birth Date [REDACTED]	Sex <i>M</i>
City <i>Lindenhurst</i>		Telephone Number - Home [REDACTED]	Occupation <i>Witness/Helper</i>
		Telephone Number - Business	

I, the undersigned, am not under arrest for, nor am I being detained for, any criminal offenses concerning the events I am about to make known. Without being accused of or questioned about any criminal offenses regarding the facts I am about to state, I volunteer the following information of my own free will, for whatever purposes it may serve.

**STATEMENT**

*I saw the flames and got out of the car and pulled the boy out of the car. The boy is Jacob. Helped him to the shoulder of the Highway. From there, I was talking to Jacob with Erika and was going in and out of the ambulance to help the medical professionals.*

I have read each page of this statement, each page of which bears my signature, and corrections, if any, bear my initials, and I certify that the facts contained are true and correct.

Statement Made To	Made At	Time	Date
-------------------	---------	------	------

<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>6/12/20</i>
(Witness Signature)	(Date)	(Signature of Person Submitting Statement)	(Date)



**TRAFFIC CRASH REPORT – Statement**

Wisconsin Department of Transportation  
SP4426 7/2012

Crash Number <b>KRL 114 K18 M</b>
Birth Date (m/d/yyyy) [REDACTED]
Home (Area Code) Telephone Number [REDACTED]
Business (Area Code) Telephone Number [REDACTED]
In what direction were you heading or facing? <b>I-39 N / I-90 W</b>
In what lane were you? <b>CENTER</b>

Name (First, Middle, Last)  
**DAWN DENISE Marshall**

Address  
[REDACTED]

City, State, ZIP Code  
**CLEVELAND, OH 44120**

Were you the:  
 Driver     Passenger     Witness

On what highway were you traveling?  
**I-90 W / I-39 N**

NARRATIVE: In your own words, explain what happened:

You may draw a picture to help you explain what happened.

Please complete reverse side, where applicable.

**[Signature]**  
[REDACTED]  
(Signature)

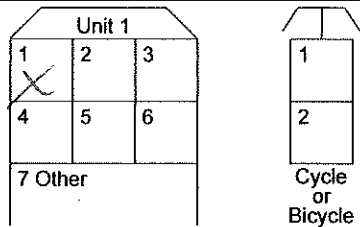
**06/12/2020**  
(Date)



Condition at the Time of the Crash - Circle one for each category

<b>LIGHT CONDITION</b>	<b>WEATHER CONDITION</b>	<b>ROAD CONDITION</b>
1. Daylight	1. Clear	1. Dry
2. Dark	2. Cloudy	2. Snow or Ice
3. Dark with Street Lights	3. Rain	3. Wet
4. Dawn or Dusk	4. Snow or Ice	4. Gravel
	5. Fog or Mist	5. Slush
	6. Sleet	6. Muddy
		7. Oily
		8. Other

Place an X where you were seated in this vehicle.



Crash Date 06-12-2020

Approximate Time of Crash 6:58

Where were you coming from prior to the crash?  
Holiday City, OH (departure location) 3150 GRANT ST., GARY, IN

Where were you going to?  
Belgrade, MN LOVE'S TRAVEL STOP

On this trip, how long have you been driving/riding prior to this crash?  
4 hours

How often do you drive this vehicle?  
EVERY DAY

Does your vehicle have airbags?  
 NO  YES

Did any airbags deploy?  
 NO  YES

As far as you know, was there anything wrong with this vehicle prior to the crash?  
 NO  YES, if YES explain what:

Who else was with you at the time of the crash? For each passenger, give name, address, birth date and seat position. Use additional pages, if needed.  
NO ONE

Were you wearing your seat belt?  
 NO  YES

Were passengers wearing their seat belts?  
 NO  YES

What were you doing prior to the crash?  
SITTING IN STOPPED TRAFFIC ON I-90 W

Did anything interfere with your view at the time of the crash?  
 NO  YES, if YES explain what:

Were there any other vehicles nearby at the time of the crash?  
 NO  YES

Did any of these vehicles contribute to the crash?  
 NO  YES, if YES explain how:

How fast were you traveling?  
SITTING STILL IN TRAFFIC

Did you do anything to avoid this crash, i.e., braking, turning, etc.?  
Nothing I could do

In your opinion, why did this crash occur?  
A TRUCK GOING TOO FAST, NOT BE PAYING ATTENTION TO THE STOPPED TRAFFIC IN FRONT OF THEM.

Have any of the vehicles been moved since the crash?  
NO

Have you taken any medication or alcohol within the 6 hours prior to the crash?  
 NO  YES, if YES explain what:

Do you have insurance?  
 NO  YES, if YES list name of insurance company:

Please complete reverse side, where applicable.

<b>State Patrol Use Only</b>	Statement Made To (Person Name) <u>Insp. J. Root #2674</u>	Statement Date <u>6/12/2020</u>
	Statement Made At (Location) <u>I39/90/94 MP 120.5</u>	Statement Time <u>8:30 AM</u>

AM  
 PM

**TRAFFIC CRASH REPORT – Statement**

Wisconsin Department of Transportation  
SP4426 7/2012

Crash Number <b>KRL114K18M</b>
Birth Date (m/d/yyyy) [REDACTED]
Home (Area Code) Telephone Number [REDACTED]
Business (Area Code) Telephone Number [REDACTED]

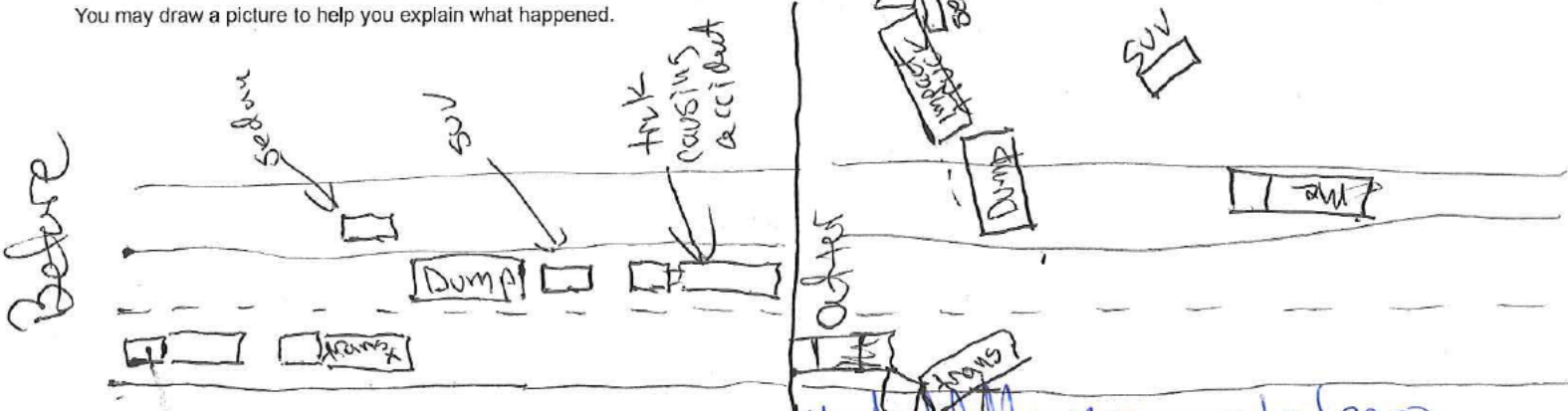
Name (First, Middle, Last) <b>Michael John Hayes</b>
Address [REDACTED]
City, State, ZIP Code <b>Concord NH</b>
Were you the: <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Witness
In what direction were you heading or facing? <b>West</b>
On what highway were you traveling? <b>90 - West Bound</b>
In what lane were you? <b>Right</b>

NARRATIVE: In your own words, explain what happened:

( My vehicle is equipped with a company Dash Cam GMH transportation [REDACTED] truck 27411 ask for Richard ex [REDACTED] safety officer (mgr) )

I was headed west bound on I-90 doing 70 mph in the Right lane. I noticed a traffic slow down in front of me and began to brake. The white truck in front of me never braked, hit a white SUV then a dump truck then drove over a sedan that ~~was~~ had pulled to the right do to traffic, after impact dump truck was forced into trans-x truck before rolling backwards. trans-x truck hit truck in front of it.

You may draw a picture to help you explain what happened.



Please complete reverse side, where applicable.

X [REDACTED] 6/12/2020  
(Signature) (Date)

Condition at the Time of the Crash - Circle one for each category

<b>LIGHT CONDITION</b>	<b>WEATHER CONDITION</b>	<b>ROAD CONDITION</b>
1. Daylight	1. Clear	1. Dry
2. Dark	2. Cloudy	2. Snow or Ice
3. Dark with Street Lights	3. Rain	3. Wet
4. Dawn or Dusk	4. Snow or Ice	4. Gravel
	5. Fog or Mist	5. Slush
	6. Sleet	6. Muddy
		7. Oily
		8. Other

Place an X where you were seated in this vehicle.

Unit 1		
1	2	3
4	5	6
7 Other		

1
2

Cycle or Bicycle

Crash Date: 06/12/2020

Approximate Time of Crash: 0610

Where were you coming from prior to the crash?  
Exit 60 truck stop

Where were you going to?  
Ferndale Washington

On this trip, how long have you been driving/riding prior to this crash?  
30 minutes

How often do you drive this vehicle?  
Every Day

Does your vehicle have airbags?  
 NO  YES

Did any airbags deploy?  
 NO  YES Not in accident

As far as you know, was there anything wrong with this vehicle prior to the crash?  
 NO  YES, if YES explain what: Not involved in crash

Who else was with you at the time of the crash? For each passenger, give name, address, birth date and seat position. Use additional pages, if needed.

Were you wearing your seat belt?  
 NO  YES

Were passengers wearing their seat belts?  
 NO  YES N/A

What were you doing prior to the crash?  
Driving west bound behind vehicle that caused crash

Did anything interfere with your view at the time of the crash?  
 NO  YES, if YES explain what:

Were there any other vehicles nearby at the time of the crash?  
 NO  YES

Did any of these vehicles contribute to the crash?  
 NO  YES, if YES explain how:

How fast were you traveling?  
Posted Speed 70mph

Did you do anything to avoid this crash, i.e., braking, turning, etc.?  
avoided by gentle braking

In your opinion, why did this crash occur?  
white truck in front of me never braked - hit white car then dump truck and ran over second car

Have any of the vehicles been moved since the crash?  
NO

Have you taken any medication or alcohol within the 6 hours prior to the crash?  
 NO  YES, if YES explain what: N/A

Do you have insurance?  
 NO  YES, if YES list name of insurance company: N/A

Please complete reverse side, where applicable.

State Patrol Use Only	Statement Made To (Person Name) Insp. J. Root #2674	Statement Date 6/12/2020
	Statement Made At (Location) I39/90/94 Mp 120.5	Statement Time 8:30 AM <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM