

6TL08F2KXH
20-02651

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

6TL08F2KXH

| | | | | | |
|--|---|--|--|---|--|
| Document Number Override | | Primary Crash Document # | Agency Crash Number 20-02651 | Investigating Officer/Deputy DEPUTY T. SUTHERLAND | |
| Crash Date 03/10/2020 | | Crash Time 04:51 PM | Date Arrived 03/10/2020 | Time Arrived 05:02 PM | |
| Date Notified 03/10/2020 | | Time Notified 04:52 PM | Total Units 02 | Total Injured 02 | Total Killed 00 |
| <input type="checkbox"/> On Emergency | <input type="checkbox"/> Hit and Run | <input type="checkbox"/> Lane Closure | <input type="checkbox"/> Work Zone | <input 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

| | |
|------------------------------------|---------------------------------------|
| <p>Diagram</p> <p>Not To Scale</p> | Reconstruction By |
| | Photos By |
| | Additional Information NONE |

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

ON 03-10-20 UNIT 2 WAS STOPPED ON STH 23 FACING NORTH WAITING TO TURN LEFT ONTO CTH G. UNIT 1 WAS NORTHBOUND ON STH 23 AND REAR ENDED UNIT 2. UNIT 1 OPERATOR TAKEN TO DODGEVILLE HOSPITAL BY SPRING GREEN AMBULANCE. UNIT 2 OPERATOR WAS GOING TO BE TAKEN TO SAUK PRAIRIE HOSPITAL BY HER MOTHER.

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Location

| | | |
|--|---------------------------------------|-----------------------------------|
| ON PRAIRIE VIEW RD/ STH23 WB 60 FT S OF CTHG NB IN THE TOWN OF SPRING GREEN IN SAUK COUNTY | Latitude 43.193106213 | Longitude -90.073832872 |
| | X Coordinate 250235.25 | Y Coordinate 4786847.5 |
| | Structure Type NO STRUCTURE | |

Crash Scene

| | | |
|---|---|---|
| First Harmful Event MOTOR VEH IN TRANSPORT | First Harmful Event Location ON ROADWAY | |
| Manner of Collision 03 - FRONT TO REAR | Light Condition DAYLIGHT | |
| Road Surface Condition(s) DRY | 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 |

Unit Summary

| | | | | | | |
|-------------------|---|---|--|----------------------------|--|--|
| UNIT 01 | Unit Status IN TRANSIT | Vehicle Operating As Classification D CLASS | | Unit Type TRUCK | | |
| | Vehicle Type UTILITY TRUCK/PICKUP TRUCK | | | Operating As Endorsements | | |
| | Total Occs 1 | Train/Bus # Recorded | Total # Citations Issued 1 | Total Trailers 0 | Total HazMat Types 0 | |
| | Insurance? YES | Direction Of Travel NORTHBOUND | <input type="checkbox"/> Pre CrashTire Mark | Speed Limit 55 | Total Lanes 2 | |
| | Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT | | 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 | | | | | |

| | | | | | |
|-------------------------------------|---|--|--|---------------------|---|
| UNIT 01 VEHICLE | Vehicle | | | | |
| | License Plate Number HJ5067 | | Plate Type LTK - LIGHT TRUCK | St WI | Country of Issuance UNITED STATES |
| | Vehicle Identification Number 1GC1KYE82DF132336 | | Make CHEVROLET | Year 2013 | Model SILVERADO |
| | Color BRO - BROWN | | Body Style PK - PICKUP | | Bus Use |
| | Initial Contact Point 12 - FRONT | | Vehicle Damage | | |
| | Extent Of Damage DISABLING DAMAGE | | 12 - FRONT | | |

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| | | | | |
|--|--|--|--|---|
| UNIT VEHICLE | Towed Due To Damage TOWED DUE TO DISABLING DAMAGE | | Vehicle Removed By FOUR WAY AUTO | |
| | What Driver Was Doing GOING STRAIGHT | | Vehicle Factors | |
| | Driver Prior Action Other | | NOT APPLICABLE | |
| | Driver Actions OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER | | | |
| 01 | 01 | Owner Name TROY ALLAN DAY (608) 574-4462 | | Owner Address 324 S WOOD ST SPRING GREEN, WI 53588 , US |
| Sequence Of Events | | | | |
| 01 | 01 | Event MOTOR VEH IN TRANSPORT | | |
| 02 | 02 | Event | | |
| 03 | 03 | Event | | |
| 04 | 04 | Event | | |
| UNIT | Policy Holder | | | |
| | Insurance Company RURAL-COMMUNITY-INSURANCE-COMPANY | | Individual TROY DAY | |
| UNIT INDIVIDUAL | Individual | | | |
| | Driver TROY ALLAN DAY (608) 574-4462 | | Citations Issued 1 | Sex MALE |
| | Address 324 S WOOD ST SPRING GREEN, WI 53588 , US | | Date of Birth | Race WHITE |
| | Driver License Number | | STATE: WISCONSIN COUNTRY: UNITED STATES | |
| UNIT 001 | Safety Equipment | | On Duty Crash | |
| | Row 01 - FRONT ROW | | Seat Position 07 - LEFT | Safety Equipment SHOULDER & LAP BELT |
| | Helmet Use | | Helmet Compliance | |
| | Eye Protection | | Tint Compliance | |
| | Injury | | Injury Severity SUSPECTED MINOR INJURY | Airbag DEPLOYED-FRONT |
| | Ejected NOT EJECTED | | Ejection Path NOT EJECTED/NOT APPLICABLE | Trapped/Extricated NOT TRAPPED |
| Medical Transport EMS GROUND | | EMS Agency Identifier 531 | EMS Run # | |
| Hospital UPLAND HILLS HEALTH | | Date of Death | Time of Death | |
| Distracted By | | Distracted By Source UNKNOWN | | |
| Distracted By Action OTHER ACTION (LOOKING AWAY FROM TASK ETC) | | | | |

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UNIT INDIVIDUAL 01 001
Non Motorist Striking Unit # Location
Prior Action
Action
Action Other To/From School
Drug & Alcohol Suspected Alcohol Use Suspected Drug Use
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
Violations
01 UTC Number Issue To? Statute Number Description
BB337040 001 346.89(1) INATTENTIVE DRIVING

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 Total Trailers 0 Total HazMat Types 0
Insurance? YES Direction Of Travel NORTHBOUND Pre Crash Tire Mark Speed Limit 55 Total Lanes 2
Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT 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

02 02
Vehicle
License Plate Number ADZ8213 Plate Type AUT - AUTOMOBILE St WI Country of Issuance UNITED STATES
Vehicle Identification Number 1J4HR48NX6C282827 Make JEEP Year 2006 Model GRAND CHER
Color TAN - TAN Body Style UT - SPORT UTILITY VEHICLE Bus Use
Initial Contact Point 06 - REAR

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| | | |
|----------------------|--|--|
| UNIT VEHICLE | Vehicle Damage | |
| | Extent Of Damage FUNCTIONAL DAMAGE | 06 - REAR |
| | Towed Due To Damage NOT TOWED | Vehicle Removed By OWNER |
| | What Driver Was Doing LEFT TURN | Vehicle Factors |
| UNIT VEHICLE | Driver Prior Action Other | NOT APPLICABLE |
| | Driver Actions NO CONTRIBUTING ACTION | |
| 02 02 | Owner Name JAYDEN MARIE SCHALLER (608) 459-0580 | Owner Address S12323 COUNTY ROAD G SPRING GREEN, WI 53588 , US |
| | Sequence Of Events | |
| 01 02 03 04 | Event MOTOR VEH IN TRANSPORT | |
| | Event | |
| | Event | |
| | Event | |
| UNIT INDIVIDUAL | Policy Holder | |
| | Insurance Company AMERICAN-FAMILY-INS-CO | Individual JAYDEN SCHALLER |
| 02 002 | Individual | |
| | Driver JAYDEN MARIE SCHALLER (608) 459-0580 | Citations Issued 0 |
| | | Sex FEMALE |
| | | Date of Birth |
| | Race WHITE | |
| | Address S12323 COUNTY ROAD G SPRING GREEN, WI 53588 , US | Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES |
| 02 002 | Safety Equipment | |
| | On Duty Crash | Safety Equipment |
| | Row 01 - FRONT ROW | Seat Position 07 - LEFT |
| | SHOULDER & LAP BELT | |
| | Helmet Use | |
| | Helmet Compliance | |
| Eye Protection | | |
| Tint Compliance | | |
| | Injury | Injury Severity POSSIBLE 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 | |

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| | | | | | |
|--|---|--|--|----------|---------------------------------|
| UNIT | Distracted By | | Distracted By Source NOT APPLICABLE (NOT DISTRACTED) | | |
| | 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 | | | | | |

| | | | |
|----------------|--|--|------------------------------------|
| Witness | | | |
| WITN 01 | Individual JESSE RAY HACKL (608) 553-2468 | Address 408 N MILL ST LONE ROCK, WI 53556 , US | Date of Birth 08/22/1994 |
| ESS | | | |