

6TL0D5DXW3
20-12727

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

6TL0D5DXW3

| | | | | | | | |
|--|--------------------------------------|---|------------------------------------|----------------------------------|---|---|--------------------|
| Document Number Override | | Primary Crash Document# | | Agency Crash Number 20-12727 | | Investigating Officer/Deputy DEPUTY C. FRANK | |
| Crash Date 11/02/2020 | | Crash Time 10:05 AM | | Date Arrived 11/02/2020 | | Time Arrived 11:08 AM | |
| Date Notified 11/02/2020 | | Time Notified 10:54 AM | | Total Units 02 | | Total Injured 00 | 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> | Reconstruction By |
| | Photos By 9198 |
| | Additional Information NONE, PHOTOS |

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

ON THE ABOVE DATE AND TIME UNITS 1 AND 2 WERE NORTHBOUND ON HWY 23. UNIT 1 WAS FOLLOWING UNIT 2. UNIT 2 TURNED LEFT INTO DRIVE AT S5523. UNIT 1 ATTEMPTED TO PASS UNIT 2 AS UNIT 2 WAS TURNING LEFT. UNIT 1 AND 2 CONTACTED EACH OTHER. UNIT 2 CAME TO A REST JUST NORTH OF THE S5523 DRIVE. UNIT 1 ENTERED THE WEST DITCH, STRUCK A TREE AND CAME TO A REST IN WEST DITCH. UNIT 1 OPERATOR STATED HE DID NOT OBSERVE UNIT 2 SIGNAL TO TURN LEFT. UNIT 1 OPERATOR STATED HE ATTEMPTED TO PASS ON THE LEFT AS HE DID NOT SEE A SIGNAL INDICATING A LEFT TURN BY UNIT 2. UNIT 1 OPERATOR STATED HE WOULD HAVE PASSED SAFELY ON THE RIGHT HAD HE SEEN A LEFT TURN SIGNAL. UNIT 2 OPERATOR STATED HE DID SIGNAL A LEFT TURN.

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Location

| | | |
|---|----------------------------|----------------------------|
| ON S5523 STH23 EB 944 FT N OF MILL ST (FIRE S5523) IN THE TOWN OF WESTFIELD IN SAUK COUNTY | Latitude 43.443979407 | Longitude -90.035830347 |
| | X Coordinate 254337.125 | Y Coordinate 4814597.5 |
| | Structure Type FIRE | |

Crash Scene

| | | |
|---|---|---|
| First Harmful Event MOTOR VEH IN TRANSPORT | First Harmful Event Location ON ROADWAY | |
| Manner of Collision 07 - SIDESWIPE/SAME DIRECTION | Light Condition DAYLIGHT | |
| Road Surface Condition(s) DRY | Roadway Factor(s) NONE | |
| Environment Factor(s) NONE | | |
| Weather Condition(s) CLEAR | | |
| 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 AUTOMOBILE | | |
| | Vehicle Type PASSENGER CAR | 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 | <input type="checkbox"/> Pre Crash Tire Mark | Speed Limit 45 | 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 | | | | |

Vehicle

| | | | | |
|-----------------------------|---|---|---------------------|---|
| UNIT VEHICLE 01 01 | License Plate Number 995UGJ | Plate Type AUT - AUTOMOBILE | St WI | Country of Issuance UNITED STATES |
| | Vehicle Identification Number 1C3CDZAB4CN199622 | Make DODGE | Year 2012 | Model AVENGER |
| | Color SIL - SILVER (ALUMINUM) | Body Style 4D - 4DR | Bus Use | |
| | Initial Contact Point 02 - RIGHT SIDE FRONT | Vehicle Damage 02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE, 04 - RIGHT SIDE REAR, 09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT | | |
| | Extent Of Damage DISABLING DAMAGE | | | |

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| | | | | |
|---|---|---|--|---|
| UNIT VEHICLE | Towed Due To Damage TOWED DUE TO DISABLING DAMAGE | | Vehicle Removed By WAGNERS | |
| | What Driver Was Doing OVERTAKE LEFT | | Vehicle Factors | |
| | Driver Prior Action Other | | NOT APPLICABLE | |
| | Driver Actions IMPROPER OVERTAKING / PASSING LEFT | | | |
| 01 | 01 | Owner Name LUCAS LEE JOHNSON (608) 475-4258 | | Owner Address 729 E 2ND ST RICHLAND CENTER, WI 53581 , US |
| | | Sequence Of Events | | |
| 01 | 01 | Event MOTOR VEH IN TRANSPORT | | |
| | | Event TREE | | |
| | | Event | | |
| | | Event | | |
| UNIT | Policy Holder | | | |
| | Insurance Company PROGRESSIVE-ADVANCED-INSURANCE-CO | | Individual LUCAS JOHNSON | |
| UNIT | INDIVIDUAL | Individual | | |
| | | Driver LUCAS LEE JOHNSON (608) 475-4258 | Citations Issued 0 | Sex MALE |
| | | | Date of Birth [REDACTED] | Race WHITE |
| | | Address 729 E 2ND ST RICHLAND CENTER, WI 53581 , US | Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES | |
| 01 | 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 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 | | |

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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 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 TRUCK | |
| | Vehicle Type UTILITY TRUCK/PICKUP TRUCK | | | | Operating As Endorsements | |
| | Total Occs 6 | Train/Bus # Recorded | Total # Citations Issued 0 | Total Trailers 0 | Total HazMat Types 0 | |
| | Insurance? YES | Direction Of Travel NORTHBOUND | <input type="checkbox"/> Pre Crash Tire Mark | Speed Limit 45 | 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 VEHICLE 02 02 | Vehicle | | | | |
| | License Plate Number NG1473 | | Plate Type LTK - LIGHT TRUCK | St WI | Country of Issuance UNITED STATES |
| | Vehicle Identification Number 1C6RR7FT9GS249118 | | Make RAM | Year 2016 | Model 1500 |
| | Color BLK - BLACK | | Body Style PK - PICKUP | | Bus Use |
| | Initial Contact Point 11 - LEFT FRONT CORNER | | Vehicle Damage 01 - RIGHT FRONT CORNER, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT | | |
| | Extent Of Damage DISABLING DAMAGE | | | | |
| | Towed Due To Damage TOWED DUE TO DISABLING DAMAGE | | Vehicle Removed By REEDSBURG SALVAGE | | |

WISCONSIN MOTOR VEHICLE
CRASH REPORT

| | | | | | |
|-----------------------------|------------|---|---|--|---------------|
| UNIT | VEHICLE | What Driver Was Doing LEFT TURN | Vehicle Factors | | |
| | | Driver Prior Action Other | NOT APPLICABLE | | |
| 02 | 02 | Driver Actions IMPROPER TURN | | | |
| | | Owner Name AMANDA L SCHELL (608) 415-3261 | Owner Address S5523 STATE ROAD 23 LOGANVILLE, WI 53943 , US | | |
| Sequence Of Events | | | | | |
| UNIT | VEHICLE | 01 | Event MOTOR VEH IN TRANSPORT | | |
| | | 02 | Event | | |
| | | 03 | Event | | |
| | | 04 | Event | | |
| Policy Holder | | | | | |
| UNIT | VEHICLE | Insurance Company GARRISON-PROPERTY-AND-CASUALTY-INSURA | Individual RYAN SCHELL | | |
| | | Individual | | | |
| UNIT | INDIVIDUAL | Driver RYAN A SCHELL (608) 963-1804 | Citations Issued 0 | Sex MALE | |
| | | Address S5523 STATE ROAD 23 LOGANVILLE, WI 53943 , US | Date of Birth [REDACTED] | Race WHITE | |
| | | 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 | |
| 02 | 002 | Injury | | Airbag | |
| | | NO APPARENT INJURY | | 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 | | | |
| Non Motorist | | Striking Unit # | Location | | |

WISCONSIN MOTOR VEHICLE
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| | | | |
|---|---|---|------------------------------|
| UNIT | INDIVIDUAL | Prior Action | |
| | | Action | |
| | | Action Other | To/From School |
| 02 | 002 | 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 | Individual | |
| | | Passenger QUINTON L SOLTIS (608) 963-1804 | Citations Issued 0 |
| | | Date of Birth [REDACTED] | Sex MALE |
| | | Race WHITE | |
| Address S5523 STATE ROAD 23 LOGANVILLE, WI 53943 , US | | Driver License Number | |
| 02 | 003 | Safety Equipment | |
| | | On Duty Crash | Safety Equipment |
| | | Row 01 - FRONT ROW | Seat Position 08 - MIDDLE |
| | | 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 | |
| Distracted By Action | | | |
| Non Motorist | | Striking Unit # | Location |
| Prior Action | | | |

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| | | | | |
|----------------------|-----------------------------|---|---|--|
| UNIT | INDIVIDUAL | Action | | |
| | | Action Other | To/From School | |
| 02 | 003 | 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 | | |
| | | UNIT | INDIVIDUAL | Passenger AMANDA SCHELL (608) 415-3261 |
| | Date of Birth [REDACTED] | | | Race WHITE |
| UNIT | INDIVIDUAL | Address S5523 STATE ROAD 23 LOGANVILLE, WI 53943 , US | Driver License Number | |
| | | Safety Equipment | | On Duty Crash |
| 02 | 004 | Row 01 - FRONT ROW | Seat Position 09 - RIGHT | SHOULDER & LAP BELT |
| | | Helmet Use | Helmet Compliance | |
| | | Eye Protection | Tint Compliance | |
| | | Injury | | Injury Severity NO APPARENT INJURY |
| 02 | 004 | 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 |
| Distracted By Action | | | | |
| Non Motorist | | Striking Unit # | Location | |
| Prior Action | | | | |

WISCONSIN MOTOR VEHICLE
CRASH REPORT

| | | | |
|------|---|--|--|
| UNIT | INDIVIDUAL | Action | |
| | | Action Other | To/From School |
| 02 | 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 | Individual | |
| | | Passenger SILAS R SCHELL (608) 963-1804 | Citations Issued 0 |
| | | | Sex MALE |
| | | | Date of Birth [REDACTED] |
| | | | Race WHITE |
| | Address S5523 STATE ROAD 23 LOGANVILLE, WI 53943 , US | Driver License Number | |
| 02 | 005 | Safety Equipment | |
| | | On Duty Crash | Safety Equipment |
| | | Row 02 - SECOND ROW | Seat Position 07 - LEFT |
| | | CHILD RESTRAINT SYSTEM - FORWARD FACING | |
| | | 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 | | |
| | Distracted By Action | | |
| | Non Motorist | | |
| | Striking Unit # | Location | |
| | Prior Action | | |

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| | | | |
|------|---|--|--|
| UNIT | INDIVIDUAL | Action | |
| | | Action Other | To/From School |
| 02 | 005 | 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 | Individual | |
| | | Passenger BRIDGETTE A SCHELL (608) 963-1804 | Citations Issued 0 |
| | | | Sex FEMALE |
| | | Date of Birth [REDACTED] | Race WHITE |
| | Address S5523 STATE ROAD 23 LOGANVILLE, WI 53943 , US | Driver License Number | |
| 02 | 006 | Safety Equipment | |
| | | On Duty Crash | Safety Equipment |
| | | Row 02 - SECOND ROW | Seat Position 08 - MIDDLE |
| | | 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 | | |
| | Distracted By Action | | |
| | Non Motorist | | |
| | Striking Unit # | Location | |
| | Prior Action | | |

WISCONSIN MOTOR VEHICLE
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| | | | |
|------|---|---|-----------------------------------|
| UNIT | INDIVIDUAL | Action | |
| | | Action Other | To/From School |
| 02 | 006 | 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 | Individual | |
| | | Passenger RAVEN R SOLTIS (608) 963-1804 | Citations Issued 0 |
| | | | Sex FEMALE |
| | | | Date of Birth [REDACTED] |
| | | | Race WHITE |
| | Address S5523 STATE ROAD 23 LOGANVILLE, WI 53943 , US | Driver License Number | |
| 02 | 007 | Safety Equipment | |
| | | On Duty Crash | Safety Equipment |
| | | Row 02 - SECOND ROW | Seat Position 09 - RIGHT |
| | | 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 | |
| | Distracted By Action | | |
| | Non Motorist | Striking Unit # | Location |
| | Prior Action | | |

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| | | | |
|---|---|-----------------------------|--------------------------|
| UNIT INDIVIDUAL 02 007 | 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 | | |
| | | | |
| | | | |
| | | | |