

6TL0DBC3BG  
20-13953

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

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Document Number Override		Primary Crash Document#		Agency Crash Number 20-13953		Investigating Officer/Deputy <b>DEPUTY C. GALLAGHER</b>	
Crash Date 12/11/2020		Crash Time 10:45 PM		Date Arrived 12/11/2020		Time Arrived 10:50 PM	
Date Notified 12/11/2020		Time Notified 10:45 PM		Total Units 01		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 checked="" 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 <b>DEPUTY GALLAGHER</b>
	Additional Information <b>PHOTOS</b>

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

UNIT 1 WAS TRAVELING SB ON STH 23 IN THE AREA OF SANDSTONE LN. UNIT 1 WAS TRAVELING UP A HILL WHEN IT LOST CONTROL. UNIT 1 STRUCK THE GUARDRAIL FACE AND CONTINUED SB ON STH 23. UNIT 1 SUFFERED FRONT END AND DRIVERS SIDE DAMAGE. THE OWNER/DRIVER REMOVED UNIT 1.

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**Location**

ON STH23 EB 363 FT N OF SANDSTONE LN IN THE TOWN OF FRANKLIN IN SAUK COUNTY	Latitude 43.288301234	Longitude -90.044154585
	X Coordinate 253032.09375	Y Coordinate 4797331.5
	Structure Type NO STRUCTURE	

**Crash Scene**

First Harmful Event <b>GUARDRAIL FACE</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>00 - NO COLLISION W/VEHICLE IN TRANSPORT</b>	Light Condition <b>DARK/UNLIT</b>	
Road Surface Condition(s) <b>WET, SNOW, SLUSH</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>WEATHER CONDITIONS</b>		
Weather Condition(s) <b>CLOUDY, SNOW</b>		
Animal Type	Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>	Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land	Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>

**Unit Summary**

<b>UNIT</b>  <b>01</b>	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>TRUCK</b>		
	Vehicle Type <b>UTILITY TRUCK/PICKUP TRUCK</b>	Operating As Endorsements			
	Total Occs <b>5</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>YES</b>	Direction Of Travel <b>SOUTHBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>55</b>	Total Lanes <b>2</b>
	Most Harmful Event: Collision With <b>GUARDRAIL FACE</b>	Special Function <b>NO SPECIAL FUNCTION</b>	Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>		
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>	Traffic Control <b>NO CONTROL</b>	Traffic Control Inoperative/Missing <b>NO</b>		
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>	Road Curvature <b>STRAIGHT</b>	Road Grade <b>HILLCREST</b>		
	Truck Bus or HazMat <b>NO</b>				

**Vehicle**

<b>UNIT</b>  <b>01</b>  <b>VEHICLE</b>  <b>01</b>	License Plate Number <b>PY2651</b>	Plate Type <b>LTK - LIGHT TRUCK</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>1FTEW1EFXFK81816</b>	Make <b>FORD</b>	Year <b>2015</b>	Model <b>F150</b>
	Color <b>BLU - BLUE</b>	Body Style <b>PK - PICKUP</b>	Bus Use	
	Initial Contact Point <b>11 - LEFT FRONT CORNER</b>	Vehicle Damage <b>09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT</b>		
	Extent Of Damage <b>FUNCTIONAL DAMAGE</b>			

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UNIT VEHICLE	Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OWNER</b>	
	What Driver Was Doing <b>GOING STRAIGHT</b>	Vehicle Factors	
	Driver Prior Action Other	<b>NOT APPLICABLE</b>	
	Driver Actions <b>FAILURE TO CONTROL</b>		
01 01	Owner Name <b>JEREMIAH EDWARD PFAFF (608) 548-8888</b>	Owner Address <b>305 S HANOVER ST NEW LISBON, WI 53950 , US</b>	
	<b>Sequence Of Events</b>		
01 01	Event <b>GUARDRAIL FACE</b>		
	Event		
	Event		
	Event		
UNIT	<b>Policy Holder</b>		
	Insurance Company <b>STATE-FARM-GENERAL-INS-CO</b>	Individual <b>JEREMIAH PFAFF</b>	
UNIT INDIVIDUAL	<b>Individual</b>		
	Driver <b>JEREMIAH EDWARD PFAFF (608) 548-8888</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>
		Date of Birth <b>[REDACTED]</b>	Race <b>WHITE</b>
	Address <b>305 S HANOVER ST NEW LISBON, WI 53950 , US</b>	Driver License Number <b>[REDACTED]</b> <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
01 001	<b>Safety Equipment</b>		On Duty Crash
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>
	Helmet Use		Helmet Compliance
	Eye Protection		Tint Compliance
<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>
Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>
Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #
Hospital		Date of Death	Time of Death
<b>Distracted By</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>	
<b>Distracted By Action</b>		<b>NOT DISTRACTED</b>	

WISCONSIN MOTOR VEHICLE  
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UNIT	INDIVIDUAL	<b>Non Motorist</b>		Striking Unit#	Location		
		Prior Action					
		Action					
		Action Other				To/From School	
01	001	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use NO	Suspected Drug Use NO		
		Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type	Alcohol Test Results			
		Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results			
		Drug Type					
		Individual Condition <b>APPEARED NORMAL</b>					
		<b>Individual</b>					
		Passenger <b>ASHTON J PFAFF</b> (608) 548-8888			Citations Issued <b>0</b>	Sex <b>MALE</b>	
Address <b>305 S HANOVER ST</b> <b>NEW LISBON, WI 53950 , US</b>			Date of Birth [REDACTED]	Race <b>WHITE</b>			
Driver License Number			Safety Equipment				
<b>Safety Equipment</b>		On Duty Crash	<b>SHOULDER &amp; LAP BELT</b>				
Row <b>01 - FRONT ROW</b>	Seat Position <b>09 - RIGHT</b>	Helmet Compliance					
Eye Protection		Tint Compliance					
01	002	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>		
		Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>			
		Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run#		
		Hospital		Date of Death	Time of Death		
		<b>Distracted By</b>					
		Distracted By Source					
Distracted By Action							
<b>Non Motorist</b>		Striking Unit#	Location				

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UNIT	INDIVIDUAL	Prior Action	
		Action	
		Action Other	To/From School
01	002	<b>Drug &amp; Alcohol</b>	
		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>
		Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type
		Alcohol Test Results	
		Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type
		Drug Test Results	
Drug Type			
Individual Condition <b>APPEARED NORMAL</b>			
UNIT	INDIVIDUAL	<b>Individual</b>	
		Passenger <b>JAMESEN J PFAFF</b> (608) 548-8888	Citations Issued <b>0</b>
			Sex <b>MALE</b>
			Date of Birth [REDACTED]
			Race <b>WHITE</b>
		Address <b>305 S HANOVER ST</b> <b>NEW LISBON, WI 53950 , US</b>	Driver License Number
		<b>Safety Equipment</b>	
		On Duty Crash	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>
		Row <b>02 - SECOND ROW</b>	Seat Position <b>09 - RIGHT</b>
		Helmet Use	Helmet Compliance
Eye Protection	Tint Compliance		
01	003	<b>Injury</b>	
		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>
		Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>
		Trapped/Extricated <b>NOT TRAPPED</b>	
		Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier
		EMS Run#	
Hospital	Date of Death		
Time of Death			
<b>Distracted By</b>			
Distracted By Source			
Distracted By Action			
<b>Non Motorist</b>			
Striking Unit #	Location		
Prior Action			

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UNIT	INDIVIDUAL	Action		
		Action Other	To/From School	
01	003	<b>Drug &amp; Alcohol</b>		
		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	
		<b>Individual</b>		
		UNIT	INDIVIDUAL	Passenger COLBY T PFAFF (608) 548-8888
	Date of Birth [REDACTED]			Race WHITE
UNIT	INDIVIDUAL	Address 305 S HANOVER ST NEW LISBON, WI 53950 , US	Driver License Number	
		<b>Safety Equipment</b>		On Duty Crash
01	004	Row 02 - SECOND ROW	Seat Position 08 - MIDDLE	SHOULDER & LAP BELT
		Helmet Use	Helmet Compliance	
		Eye Protection	Tint Compliance	
		<b>Injury</b>		Injury Severity NO APPARENT INJURY
01	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
		<b>Distracted By</b>		Distracted By Source
Distracted By Action				
01	004	<b>Non Motorist</b>		
		Striking Unit #	Location	
Prior Action				

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UNIT	INDIVIDUAL	Action	
		Action Other	To/From School
01	004	<b>Drug &amp; Alcohol</b>	
		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>
		Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type
		Alcohol Test Results	
		Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type
		Drug Test Results	
Drug Type			
Individual Condition		<b>APPEARED NORMAL</b>	
UNIT	INDIVIDUAL	<b>Individual</b>	
		Passenger <b>CARTER B PFAFF</b> (608) 548-8888	Citations Issued <b>0</b>
			Sex <b>MALE</b>
			Date of Birth [REDACTED]
			Race <b>WHITE</b>
		Address <b>305 S HANOVER ST</b> <b>NEW LISBON, WI 53950 , US</b>	Driver License Number
01	005	<b>Safety Equipment</b>	
		On Duty Crash	Safety Equipment
		Row <b>02 - SECOND ROW</b>	Seat Position <b>07 - LEFT</b>
		<b>SHOULDER &amp; LAP BELT</b>	
		Helmet Use	Helmet Compliance
		Eye Protection	Tint Compliance
01	005	<b>Injury</b>	
		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>
		Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>
		<b>NOT TRAPPED</b>	
		Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier
		Hospital	EMS Run#
Hospital		Date of Death	
Time of Death			
<b>Distracted By</b>		Distracted By Source	
Distracted By Action			
<b>Non Motorist</b>		Striking Unit#	Location
Prior Action			

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UNIT INDIVIDUAL     01 005	Action		
	Action Other		To/From School
	<b>Drug &amp; Alcohol</b>	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		

### Property Owner

PROP OWNER 01	Government TOWNSHIP OF FRANKLIN (608) 546-5712	Address E5114 CTH B PLAIN, WI 53577 , US
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### Fixed Objects Struck

01	Striking Unit 01	Struck Object GUARDRAIL FACE	Structure Number	Damage Tag Number 322793
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