

6TL0D7W142
21-00748

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		Investigating Officer/Deputy DEPUTY K. MUELLER	
Crash Date 01/26/2021		Crash Time 12:01 PM		Date Arrived 01/26/2021		Time Arrived 12:04 PM	
Date Notified 01/26/2021		Time Notified 12:01 PM		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

Diagram		Reconstruction By	
		Photos By JSABOL	
		Additional Information PHOTOS	

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

UNIT 1, A PLOW TRUCK, WAS REMOVING SNOW AT THE INTERSECTION OF BALLWEG DR AND HWY 12. UNIT 1 WAS BACKING UP PERPENDICULAR TO THE LANES DIRECTION OF TRAVEL. UNIT 2 TURNED ON TO BALLWEG DR AS UNIT 1 WAS BACKING UP CAUSING A COLLISION BETWEEN THE TWO UNITS. THE DRIVER OF UNIT 1 SAID HE DIDN'T SEE UNIT 2.

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Location

ON BALLWEG DR 66 FT N OF USH12 EB IN THE TOWN OF PRAIRIE DU SAC IN SAUK COUNTY	Latitude 43.271581582	Longitude -89.756296928
	X Coordinate 276325.4375	Y Coordinate 4794663.5
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 05 - REAR TO SIDE	Light Condition DAYLIGHT	
Road Surface Condition(s) SNOW	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 INTERSECTION-RELATED	Intersection Type FOUR-WAY INTERSECTION

Unit Summary

UNIT 01	Unit Status IN TRANSIT		Vehicle Operating As Classification C CLASS		Unit Type TRUCK	
	Vehicle Type SNOW PLOW				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 EASTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit	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 CURVE - UNKNOWN DIRECTION		Road Grade LEVEL	
	Truck Bus or HazMat TRUCK OR TRUCK COMBINATION > 10,000LBS GVWR/GCWR					

Vehicle

UNIT 01 VEHICLE 01	License Plate Number 55140		Plate Type MUN - MUNICIPAL	St WI	Country of Issuance UNITED STATES	
	Vehicle Identification Number 2FZHAJBB0YAG13763		Make STERLING INDUSTRIAL	Year 2000	Model PLOW TRUCK	
	Color ONG - ORANGE		Body Style DP - DUMP TRUCK		Bus Use	
	Initial Contact Point 07 - LEFT REAR CORNER		Vehicle Damage			
	Extent Of Damage MINOR DAMAGE		07 - LEFT REAR CORNER			

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UNIT VEHICLE	Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR		
	What Driver Was Doing BACKING	Vehicle Factors		
	Driver Prior Action Other	NOT APPLICABLE		
	Driver Actions UNSAFE BACKING			
01 01	Owner Name PRAIRIE DU SAC TOWNSHIP (608) 643-3646	Owner Address S9903 HWY 12 PRAIRIE DU SAC, WI 53578 , US		
	Sequence Of Events			
01 02 03 04	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
UNIT	Policy Holder			
	Insurance Company UNION-INSURANCE-COMPANY	Government PRAIRIE DU SAC TOWNSHIP		
UNIT INDIVIDUAL	Individual			
	Driver TERRY AARON STEUBER (608) 370-2132	Citations Issued 0	Sex MALE	
		Date of Birth [REDACTED]	Race WHITE	
	Address [REDACTED] WI [REDACTED], US	Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES		
01 001	Safety Equipment		Safety Equipment	
	On Duty Crash WINTER-HWY-MAINTENANC	SHOULDER & LAP BELT		
	Row 01 - FRONT ROW	Seat Position 07 - LEFT		
	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	Non Motorist		Striking Unit #	Location		
		Prior Action					
		Action					
	Action Other					To/From School	
	01	001	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				
			Carrier				
01	01	<input type="checkbox"/> Use Vehicle Owner Same as Carrier			Source		
		Name			Address		
		GVWR		Vehicle Configuration		Cargo Body Type	
		US DOT #		Carrier Type		Permitted Load	
		<input type="checkbox"/> OS/OW Load	WI Permit Number	<input type="checkbox"/> Permitted Vehicle On Permitted Route	<input type="checkbox"/> Escort Vehicle Required By Permit	<input type="checkbox"/> Escort Vehicle Present	
		Measured Height		Measured Length		Measured Width	

Unit Summary

UNIT	02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE						
		Vehicle Type PASSENGER CAR				Operating As Endorsements						
		Total Occs 3		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 25		Total Lanes 2			
	Most Harmful Event: Collision With STRUCK BY FALLING, SHIFTING CARGO OR ANYT				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 CURVE LEFT				Road Grade LEVEL			

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Truck Bus or HazMat NO			
Vehicle			
02 UNIT VEHICLE	License Plate Number 822YNY	Plate Type AUT - AUTOMOBILE	St WI
	Country of Issuance UNITED STATES	Vehicle Identification Number WAUENAF48HN010956	Make AUDI
	Year 2017	Model A4	Bus Use
	Color WHI - WHITE	Body Style SD - SEDAN	Vehicle Damage
	Initial Contact Point 11 - LEFT FRONT CORNER	Extent Of Damage 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER	
	Towed Due To Damage NOT TOWED	Vehicle Removed By OWNER	
	What Driver Was Doing LEFT TURN	Vehicle Factors NOT APPLICABLE	
Driver Prior Action Other	Driver Actions NO CONTRIBUTING ACTION		
02 UNIT VEHICLE	Owner Name JOHN JOSEPH SHOGREN (608) 546-2120	Owner Address S10717 WEIDNER RD SPRING GREEN, WI 53588 , US	
Sequence Of Events			
01	Event MOTOR VEH IN TRANSPORT		
02	Event		
03	Event		
04	Event		
Policy Holder			
02 UNIT INDIVIDUAL	Insurance Company UNITED-SERVICES-AUTOMOBILE-ASSN	Individual JOHN SHOGREN	
Individual			
01	Driver JOHN JOSEPH SHOGREN (608) 546-2120	Citations Issued 0	Sex MALE
02	Date of Birth [REDACTED]	Race	
03	Address S10717 WEIDNER RD SPRING GREEN, WI 53588 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
Safety Equipment			
On Duty Crash		Safety Equipment	
01	Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT
Helmet Use		Helmet Compliance	

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02 002	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 UNKNOWN	
	Distracted By Action UNKNOWN			
	Non Motorist		Striking Unit#	Location
	Prior Action			
	Action			
UNIT INDIVIDUAL	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 REBECCA M PICKELL		Citations Issued 0	Sex FEMALE
			Date of Birth [REDACTED]	Race
	Address 9635 CAMPTON FARMS SAN ANTONIO, TX 78250 , US		Driver License Number [REDACTED] STATE: TEXAS COUNTRY: UNITED STATES	
02 002	Safety Equipment		On Duty Crash	
	Row 01 - FRONT ROW		Seat Position 09 - RIGHT	Safety Equipment SHOULDER & LAP BELT
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	

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02 003	UNIT INDIVIDUAL	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					
		Action					
		Action Other				To/From School	
02 003	UNIT INDIVIDUAL	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 JOSEPH EMERSON PICKELL			Citations Issued 0	Sex MALE	
		Date of Birth [REDACTED]			Race		
		Address 9635 CAMPTON FARMS SAN ANTONIO, TX 78250 , US			Driver License Number [REDACTED] STATE: TEXAS COUNTRY: UNITED STATES		
		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					
02 004	UNIT INDIVIDUAL	Injury		Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED		

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02 004 UNIT INDIVIDUAL	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		
	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		