WISCONSIN MOTOR VEHICLE CRASH REPORT

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

										(000) 330-403
	Document Number Overrid	le Primary Crash	21-04005			Investigating Officer/Deputy DEPUTY S. MESSNER				
ပ္	Crash Date 05/10/2021	Crash Time 12:40 PM	12:40 PM 05/10/2021 12:58 PM							
	Date Notified 05/10/2021	Time Notified 12:41 PM		Total t	Jnits	Total Injur	ed	Total Kille	ed	NER
001	On Emergency	Hit and Run	Lane Clo	sure	₩ Work Zone	Trail	er or	Towed		
ETLOD	Government Property	Active So	chool Zone	School NO	ol Bus Related	Tags				
J	Reportable	Crash Type DT4000 (STA	ANDARD CRAS	 BH)		Ame	nded		<i>*************************************</i>	
	Description =									
	Not to scale	Unit 1	Unit 2				Ph DE	otos By EP. S. ME: ditional Info	SSNER	

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

ON MONDAY, 5/10/2021, AT APPROXIMATELY 12:40 PM, UNIT 1, AN ORANGE 2010 INTERNATIONAL DUMP TRUCK, BEARING WISCONSIN MUNICIPAL PLATE #C10396, WITH SNOW PLOW ON THE FRONT, WITH SIGN STATING "SHOULDER WORK AHEAD" WITH ORANGE FLASHING HAZARD LIGHTS ACTIVATED AND TOP FLASHING HAZARD LIGHTS ACTIVATED, OWNED BY SAUK COUNTY HIGHWAY DEPARTMENT, WAS BEING OPERATED BY JOHN T. PICKAR AN EMPLOYEE OF THE SAUK COUNTY HIGHWAY DEPARTMENT. UNIT 1 WAS CONDUCTING SHOULDER WORK ON CTH DW IN THE SOUTHBOUND LANE. UNIT 1 WAS BACKING UP IN THE SOUTHBOUND LANE. UNIT 2, A 2012 GRAY FORD FOCUS BEARING WI REGISTRATION PLATE #AFA4808, WAS SOUTHBOUND ON CTH D/W, AND WAS OPERATED BY JACOB LAVOY, THE REGISTERED OWNER. UNIT 2 STOPPED BEHIND UNIT 1, A NO PASSING ZONE. THE OPERATOR OF UNIT 2 STATED HE DID NOT OBSERVE UNIT 1 TO BE BACKING UP, UNTIL UNIT 1 WAS TOO CLOSE TO MOVE OUT OF THE WAY. UNIT 2 CITIVATED ITS HORN, BUT THE HORN DID NOT WORK. UNIT 1 STRUCK UNIT 2 NO INJURIES OCCURRED. I OBSERVED THE FRONT TIRES TO BE BALD ON UNIT 2. IN SPEAKING TO THE OPERATOR OF UNIT 2, HE EXPLAINED HIS CAR WAS A SALVAGE VEHICLE. UNIT 2 WAS REMOVED FROM THE SCENE BY STEVE'S TOWING.

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l	ocation ====												
Ī	ON CTHD SB						Latitu	ide			Longitud		
	1297 FT S				43,405731226			-89.983749883					
		OF CTHW WB											
	IN THE TOWN OF WESTFIE	-I D					X Coordinate		Y Cooi				
	IN SAUK COUNTY						2583	399.5	46875		481019) 7	
							Struc	ture T	уре				
						NO STRUCTURE							
(Crash Scene												
Ī	First Harmful Event						First	Harmf	ul Event L	ocation			
	MOTOR VEH IN TRANSPOR	₹Т					ON ROADWAY						
ŀ	Manner of Collision 03 - FRONT TO REAR								ition				
									IT				
ŀ	Road Surface Condition(s)						Road	tway F	actor(s)				
	DRY							,					
ļ													
	Environment Factor(s)												
	NONE						NON	ΙE					
ŀ	Weather Condition(s)						i						
	CLEAR												
ľ	Animal Type						Relation To Trafficway						
							TRA	FFIC	WAY - O	N ROAD			
Ī	Crash Classification - Location						Cras	Crash Classification - Jurisdiction					
	PUBLIC PROPERTY Tribal Land				NO SPECIAL JURIS			ISDICTION					
Ī					Acc		Acce	Access Control Special Study		Special Study			
					NO CONTROL								
ſ	Within Interchange Area Junction Location				Intersection Type								
	NO NON-JUNCTION					NOT AN	INTERSECTION						
ľ	Closure Type				Reaso	ns for Clos	osure						
	LANE CLOSURE												
t	Date Initial Lane/Rd Closed	Time Initia	Lane/Rd Closed		LAW ENFORCEMENT, OTHER								
	05/10/2021	12:40 PM	1	Date Scene Cleare 05/10/2021					ime Scene Cleared				
ŀ	Date All Lanes Open	Time All La	ines Open										
	05/10/2021	01:56 PM											
ŀ		1 3 113 3 1 11	•	M/									
	Work Zone Crash Location				Work Zone Crash Type INTERMITTENT OR MOVING WORK								
ļ	ACTIVITY AREA												
	Workers Present YES			NO NO	Enforcement Present								
ŀ	Work Zone Speed Limit		L A duite a mu/D a mula				\$1 =	-104-41	ted Speed Limit				
	55		REGULATOR		tory Speed Limit			Normal Posted Sp					
L			in a second										
_	Jnit Summary			I V/- 1-2	-1- 0		1161			L			
	Unit Status			1		rating As C	lassific	cation		UnitType			
L	IN TRANSIT			D C	LASS					TRUCK			
- 1	Vehicle Type									Operating A	s Endorse	ments	
	SNOW PLOW												
ſ	Total Occs	Train/Bus#F	Recorded	1	I# Citat	ions Issued			Total Trail	Trailers To		otal HazMat Types	
	1			0			0						
ſ	Insurance?	Direction Of			Pre (CrashTire		T	Speed Lir	nit	TotalLan	es	
L	YES	NORTHBO	UND			Mark			55		2		
ļ	Most Harmful Event: Collision Wi	th			cial Fun					Emergency			
	MOTOR VEH IN TRANSPOR	₹T		NO	SPEC	AL FUNC	TION			NOT APPI	ICABLE		
t	Traffic Way			Traff	fic Cont	rol				Traffic Cont	rol Inopera	tive/Missing	
1	TWO-WAY, NOT DIVIDED			1	CONT					NO			
L	Surface Type			Road	d Curva	ture				Road Grade			
	BLACKTOP (BITUMINOUS)			1	RAIGH					LEVEL			
L	(5.1) or (51) omitted (5)			1	- resmitter)								

2 of 6

Crash Date 05/10/2021 Crash Time 12:40 PM

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	Truc	ck Bus or HazMat								
	SOME	Vehicle	9079078078078078078078078078078	0808080808080808080808080808080						
		License Plate Number		Plate Type	St	Country of Issuance				
		C10396		MUN - MUNICIPAL	WI	UNITED STATES				
2	5	Vehicle Identification Number 1HTWDAZR7AJ287079		Make	Year 2010	Model DUMP TRUCK				
-		Color		INTERNATIONAL Body Style	2010	Bus Use				
		ONG - ORANGE		DP - DUMP TRUCK		Bos ose				
	Щ	Initial Contact Point		Vehicle Damage						
NS.	℧	07 - LEFT REAR CORNER								
5	VEHICLE	Extent Of Damage NO DAMAGE		00 - NO DAMAGE						
	>	Towed Due To Damage		Vehicle Removed By						
		NOT TOWED		Versione sterritored by						
		What Driver Was Doing		Vehicle Factors						
		BACKING								
		Driver Prior Action Other		NOT APPLICABLE						
		Driver Actions								
	щ	NO CONTRIBUTING ACTION	4							
≒	VEHICLE									
L N	Ŧ									
	3									
		OwnerName		Owner Address						
_		SAUK COUNTY HIGHWAY D	EPARTMENT	620 LINN STREET						
2	5	(608) 355-4855		PO BOX 26 BARABOO, WI 539	13 . US					
					, , , , , , , , , , , , , , , , , , , ,					
		Sequence Of Events								
	5	MOTOR VEH IN TRANSPOR	T							
	N	Event								
	8									
	8	Event								
		Event								
	2	E / Sill								
ᆫ		Policy Holder								
		Insurance Company	en e	Organization/Company		BENENENSNENSNENSNENSNENSNENSNENSNENSNE	ENSTERNIERSKERSKERS			
-		SELF-INSURED		SAUK COUNTY HIGHWAY DEPARTMENT						
		Individual								
		Driver JOHN PICKAR		Citations issued 0		Sex MALE				
	₫			Date of Birth		Race				
 	INDIVIDUA					WHITE				
N N	3	Address		Driver License Number						
-	Z	WI , US		STATE: WISCONSIN	COUNTRY: UN	NTED STATES				
		On Duty Cr	ash	Safety Equipment						
Safety Equipment										
		Row	Seat Position	SHOULDER & LAP E	BELT					
		01 - FRONT ROW	07 - LEFT	1111111						
		Helmet Use		Helmet Compliance						

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		Eye Protection			Tint Compliance							
2	199	Injury h	njury Severity IO APPARENT II	NJURY	Airbag NON DEPLOYED							
		Ejected NOT EJECTED	Ejection Pa	th CTED/NOT APPL	.ICABLE		1 ''	Trapped/Extricated NOT TRAPPED				
		Medical Transport NOT TRANSPORTE	D D		EMS Agency Identifier EMS Run#							
		Hospital	-		Date of Death	th						
		Distracted By	istracted By Source	E (NOT DISTRAC	CTED)							
		Distracted By Action NOT DISTRACTED										
		Non Motorist	triking Unit#	Location								
	Prior Action											
		Action										
<u>.</u>	MAL											
LIND	INDIVIDUAL											
	Z											
		Action Other						To/From School				
		Substruction of the substr	uspected Alcohol U	lse	Suspected Drug Use							
	ı	Drug & Alcohol Y	ES	Alcohol Test Type	YES		Alcohol Tes	t Requite				
		TEST GIVEN URIN		URINE			PENDING	(1) (esures				
		Drug Test Given Drug Test Typ TEST GIVEN URINE				Drug Test Result PENDING	S					
0	100	Drug Type										
		Individual Condition										
		APPEARED NORMA	AL.									
		t Summary =										
		Unit Status IN TRANSIT			ehicle Operating As Classi CLASS	fication	UnitType AUTOMOBILE					
05		icle Type SSENGER CAR					Operating A	s Endorsements				
_		IOccs	Train/Bus#Re	corded To	otal#Citations Issued	Total Trai	lers	Total HazMat Types				
	Insu	rance?	Direction Of Tra	avel	Pre CrashTire	Speed Lir	nit	TotalLanes				
	YES	s t Harmful Event: Collisior	SOUTHBOU	Sı	Mark pecial Function	55	Emergency	Motor Vehicle Use				
_		TOR VEH IN TRANSF	PORT		O SPECIAL FUNCTION raffic Control	N .	NOT APPLICABLE Traffic Control Inoperative/Missing					
		D-WAY, NOT DIVIDEI)		O CONTROL		NO	ioi moperative/iviissii ig				
		ace Type ACKTOP (BITUMINOL	JS)		oad Curvature TRAIGHT		Road Grade	1				
		k Bus or HazMat	7									
Visc	sconsin Motor Vehicle Crash This report does not include any CJIS data. Crash Date 05/10/2021											

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Crash Date 05/10/2021

Crash Time 12:40 PM

		Vehicle			77.11101000000000000						
		License Plate Number		Plate Type	St	Country of Issuance					
		AFA4808		AUT - AUTOMOBILE	Wi	UNITED STATES					
۱		Vehicle Identification Number		Make	Year	Model					
8	8	1FAHP3K25CL324228		FORD	2012	FOCUS					
		Color		Body Style		Bus Use					
		GRY - GRAY		HB - HATCHBACK							
	Щ	Initial Contact Point		Vehicle Damage							
<u>⊨</u>	ರ	12 - FRONT		04 BIOUT EDOUT OF	ENSE 40	EET OIDE EDONT 44	SET SDOWT				
	I	Extent Of Damage		01 - RIGHT FRONT CORNER, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT, 14 - UNDERCARRIAGE							
-	VEHICLE	DISABLING DAMAGE									
		Towed Due To Damage		Vehicle Removed By							
		TOWED DUE TO DISABLING	G DAMAGE	STEVES AUTO SERVI	CE						
		What Driver Was Doing		Vehicle Factors							
		GOING STRAIGHT		07450							
		Driver Prior Action Other		OTHER							
		Driver Actions FOLLOWING TOO CLOSE									
١.	VEHICLE	FOLLOWING TOO CLOSE									
	<u>≅</u>										
5											
	>										
		0									
		Owner Name JACOB LAVOY	Owner Address E6172A SUNRISE	RD							
8	8	(608) 566-3069	LOGANVILLE, WI 53943 , US								
-											
		Sequence Of Events Event									
	5	MOTOR VEH IN TRANSPOR	T								
		Event									
	8	Lyant									
		Event									
	8										
		Event									
	2										
		Policy Holder									
≒				I - 0 - 1 - 1							
		Insurance Company INTEGRITY-PROPERTY-AN	D-CASHALTY-INSHRA	Individual JACOB LAVOY							
			INTEGRITY-PROPERTY-AND-CASUALTY-INSURA								
		Driver JACOB LAVOY		Citations Issued 0		Sex MALE					
	7	(608) 566-3069				Race					
١.	INDIVIDUAL			Date of Birth		WHITE					
	ŧ	Address		Drivert icense Number							
5	ā	E6172A SUNRISE RD		Driver License Number							
	Z	LOGANVILLE, WI 53943 , U	8	STATE: WISCONSIN	COUNTRY:	UNITED STATES					
		On Duty Cr	ash	Safety Equipment							
	Sa	fety Equipment			Octory Equipatests						
		Row	Seat Position	SHOULDER & LAP	BELT						
		01 - FRONT ROW	07 - LEFT								
		HelmetUse	1	Heimet Compliance							
				,							
		Eye Protection		TintCompliance							

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02	8	Injury Severity NO APPARENT INJURY			V.II IRY	Airbag NON DEPLOYED					
		Ejected Ejection Pa					Trapped/Extricated				
		NOT EJECTED		1 -	CTED/NOT APP	LICABLE		NOT TRAPPED			
		Medical Transport		I		EMS Agency Identifier		EMS Run#			
	NOT TRANSPORTED										
		Hospital				Date of Death		Time of Death			
		Distracted E	Distrac NOT A	ted By Source \PPLICABL	E (NOT DISTRA	CTED)					
		Distracted By Action NOT DISTRACT	ΓED								
		Non Motori	Striking St	Unit#	Location						
		Prior Action									
		Action									
	UAL										
UNIT	INDIVIDUAL										
_	ON										
		Action Other							To/From School		
	į	Drug & Alcoh	Suspect NO	cted Alcohol U	Jse	Suspected Drug Use NO					
		Alcohol Test Given Alcohol Te TEST NOT GIVEN		Alcohol Test Type	•		Alcohol Test Results				
		Drug Test Given TEST NOT GIV			Drug Test Type		Drug Test Results	<u> </u>			
١,,	7	Drug Type									
02	300	3 7.5 -									
		Individual Conditio	n								
		APPEARED NO	RMAL								
	Pro	perty Owner	r 💻								
PROP 01	Indiv	vidual COB LAVOY 8) 566-3069				Address E6172A SUNRISE RD LOGANVILLE, WI 539	43 , US				
	Fixe	ed Objects St	ruck	********	***********		erenerenenen				
	5		Struck Obje	ect BJECT - N	OT FIXED				Damage Tag Number NA		
1		»I									