WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash Document #		y Crash Number -09051	_	g Officer/Depu M. PETERSO	·			
0	Crash Date 08/15/2024	Crash Time 10:00 PM	Date A 08/15		Time Arrived 10:36 PM					
34 6	Date Notified 08/15/2024	Time Notified 10:11 PM	Total U	Total Units 02		Total Injured 00 Total Killed 00				
0 I LUD342D V	On Emergency Hit	and Run Lane C	losure	Work Zone	Traile	r or Towed	Reporting Threshold			
0 I L	Government Property	Active School Zone	School NO	Bus Related	Tags					
	✓ Reportable	Crash Type DT4000 (STANDARD CRA	ASH)		Amen	ded	Secondary Crash			
	Description						1			
	Diagram	USH 12)				Photos By	ion By			
				NOT TO SE	CALE	Additional In NONE	formation			
			SPEED LIMIT 55							
	☐ La sworn law enforceme	nt officer lagree that I have	e not adde	d any C.IIS data in this	report	1				
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report. UNIT ONE WAS TRAVELING SOUTH ON USH 12 AND CROSSED THE CENTER LINE. AT THAT TIME UNIT TWO WAS TRAVELING NORTH ON USH 12 AND WAS STRUCK BY UNIT ONE IN A SIDE SWIPE COLLISION. BOTH VEHICLES SUSTAINED DAMAGE TO THEIR DRIVER SIDE MIRROR AND WINDOW. UNIT TWO OPERATOR SAID THAT UNIT ONE CROSSED OVER THE CENTER LINE AND THAT'S WHAT CAUSED THE COLLISION. UNIT TWO FOLLOWED UNIT ONE AND WAS ABLE TO OBTAIN THE REGISTRATION. UNIT ONE OPERATOR REPORTED NO INJURIES AND WAS WEARING HIS SEATBELT. UNIT ONE DID NOT STOP AT THE SCENE AND CONTINUED TO HIS HOME ADDRESS. I MADE PHONE CONTACT WITH UNIT ONE OPERATOR WHO ADMITTED HE WAS DRIVING AND KNEW HE AS INVOLVED IN AN CRASH. HE BELIEVED THAT HE WAS STRUCK BY UNIT TWO AND DENIED CROSSING OVER THE CENTER LINE. THE OPERATOR WAS AWARE THAT HE WAS SUPPOSED TO STOP AND INVESTIGATE A CRASH BUT COULDN'T AS HE WAS BEHIND A SEMI AND THERE WAS A CAR BEHIND HIM. UNIT ONE OPERATOR DID NOT REPORT ANY INJURIES AND SAID HE WAS NOT WEARING HIS SEATBELT AT THE TIME OF THE CRASH. UNIT ONE OPERATOR WAS CITED FOR OPERATING LEFT OF CENTER, NOT WEARING A SEATBELT AND FAILURE TO REPORT A CRASH TO LAW ENFORCEMENT. BOTH VEHICLES WERE DRIVEN									

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FROM THE SCENE.

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						cation	_		
••	Longitude	20505	Latitude			USH12 EB	_		
J2	-89.7590265		43.297538525			1 MI N USH12 EB			
	Y Coordinate 4797553.5		X Coordinate		IN THE TOWN OF PRAIRIE DU SAC IN SAUK COUNTY				
	4/9/553.5		276199.1875						
		* *	Structure Type NO STRUCTURE						
						sh Scene	Cra		
		ıful Event Location	First Harmful Event			t Harmful Event	First		
		DWAY	ON ROADWAY		MOTOR VEH IN TRANSPORT Manner of Collision				
		dition	Light Condition						
			DARK/UNLIT		EDIRECTION	- SIDESWIPE/OPPOSITE			
		Factor(s)	Roadway Factor(s)		Road Surface Condition(s) DRY				
			1		Environment Factor(s) NONE				
			NONE						
						ather Condition(s)			
						EAR	CLE		
		o Trafficway	Relation To Trafficw			nal Type	Anim		
		CWAY - ON ROAD	TRAFFICWAY -						
		ssification - Jurisdiction				sh Classification - Location			
	NO SPECIAL JURISDICTION				PUBLIC PROPERTY				
cial Study	Spec		Access Control NO CONTROL		Tribal Land				
			Intersection	Junction Location	nin Interchange Area J	With			
		CTION	INTERSECTION		NON-JUNCTION	•	NO		
						t Summary	Uni		
		Unit Type	lassification	Vehicle Operating As Cla		Status			
		TRUCK		D CLASS	IN TRANSIT				
	Operating As Endorsements				Vehicle Type				
					UTILITY TRUCK/PICKUP TRUCK				
/pes	, , , , , , , , , , , , , , , , , , ,			Total # Citations Issued	Train/Bus # Recorded	al Occs			
	0	_	-	3			1		
	Total Lanes		.	Pre CrashTire	Direction Of Travel	irance?			
	2		55	Special Function	SOUTHBOUND		YES		
.e	cy Motor Vehicle Us PLICABLE	NOT APPL	TION	NO SPECIAL FUNC		st Harmful Event: Collision Wi TOR VEH IN TRANSPO			
ssina	Traffic Control Inoperative/Missing NO Road Grade			Traffic Control	N I	fic Way			
5511.g				NO CONTROL		O-WAY, NOT DIVIDED			
				Road Curvature	Surface Type				
		LEVEL		STRAIGHT	BLACKTOP (BITUMINOUS)				
		•	Truck Bus or HazMat						
							NO		
						Vehicle	,		
	Issuance	St Country of Iss	St	Plate Type		License Plate Number			
UNITED STATES					UH9465				
					Vehicle Identification Number 1FTEW1EP8LFB67028				
			2020						
		Dus Use	1 7		Color				
							ш		
7 8 9 10 11					Т	10 - LEFT SIDE FRON			
F 2 12	6		ONT	10 - LEFT SIDE FRO		Extent Of Damage	Ī		
5 4 3 2 1					βE	FUNCTIONAL DAMAG	Ä		
5 /	STATES 6	WI UNITED STA Year Model 2020 F150 Bus Use	Year 2020	LTK - LIGHT TRUCI Make FORD Body Style PK - PICKUP Vehicle Damage	T GE	License Plate Number UH9465 Vehicle Identification Numb 1FTEW1EP8LFB67028 Color BLU - BLUE Initial Contact Point 10 - LEFT SIDE FRON Extent Of Damage FUNCTIONAL DAMAG	VEHICLE 01		

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		Towed Due To Damage NOT TOWED			cle Removed By NER					
		What Driver Was Doing			cle Factors					
		GOING STRAIGHT								
		Driver Prior Action Other		NOT	APPLICABLE					
		Driver Actions								
	щ	WRONG SIDE OR WRONG WAY								
NN N	ᅙ									
5	VEHICLE									
	>									
		Owner Name GARY MASON			Owner Address					
2	2	(608) 295-9780			3527 S STATE ROAD 104 BRODHEAD, WI 53520 , US					
	;	Sequence Of Events								
	5	MOTOR VEH IN TRANSPO	ORT							
	05	Event								
	03	Event								
		Event								
		40 Event								
╘	- 1	Policy Holder								
L		Insurance Company ETNA INSURANCE			Individual GARY MASON					
	- 1	ndividual								
		Driver GARY MASON			Citations Issued Sex					
	A _F	(608) 295-9780		3	MALE ate of Birth Race					
-	NDIVIDUAL				WHITE					
TNO TNO	⋛	Address 3527 S STATE ROAD 104		Dr	Driver License Number					
	Ĭ	BRODHEAD, WI 53520 ,								
	Sat	On Duty fety Equipment	Crash	Sa	afety Equipment					
	Ou,			— _N	ONE USED - VEHI	CLE OCCUPANT	r			
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	'``	ONE GOLD - VEIII	OLL GOOD! AIT	•			
		Helmet Use	<u> </u>	Helmet Compliance						
		Eye Protection		Tir	Tint Compliance					
_	_	Injury Se	everity	Airbag						
2	8	Injury NO AP	PARENT INJURY	NON DEPLOYED						
		Ejected Ejection Path					Trapped/Extricated			
		NOT EJECTED Medical Transport	NOT EJECTED/NOT AP		MS Agency Identifier		NOT TRAPPED EMS Run #			
		NOT TRANSPORTED		-	no rigency rachane.		Line ridii ii			
Hospital Date of Death Time of Dea						Time of Death				
		Distracted By UNKNO	ed By Source				<u> </u>			
	Distracted By Action									
		UNKNOWN								

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This report does not include any CJIS data. $3 \quad \text{of} \quad 6$

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1			Striking Unit # Location								
		Non Motorist	Striking Offit #	Location							
		Prior Action									
TIND	INDIVIDUAL	Action Other Prug & Alcohol Alcohol Test Given		nol Use Alcohol Test T	NO	ed Drug Use		A	Icohol Test Results	To/From School	
10	TEST NOT GIVEN Drug Test Given TEST NOT GIVEN Drug Type Individual Condition NOT OBSERVED				e	1	Drug Test Re	sults			
'	,	Violations									
	2	UTC Number BG943748	Issue To? Statute Number 346.05(1)		Description OPERATING LEFT OF CENTER						
	05	UTC Number BG943749	Issue To? 001	Statute Number 347.48(2m)(b)	Descript VEHIC	ion LE OPERATOR	R FAIL/WEA	R SE	AT BELT		
	03	UTC Number BG943750	Issue To? 001	Statute Number 346.70(1)		Description FAILURE OF OPERATOR TO NOTIFY POLICE OF ACCIDENT					
	Uni	Summary •									
\Box		Status			Vehicle Ope	erating As Classific	cation	U	nit Type		
	IN T	IN TRANSIT				D CLASS			TRUCK		
~	Vehicle Type						0	Operating As Endorsements			
05	CAF	RGO VAN (10,000 L	BS OR LESS)								
,	Tota 1	l Occs	Train/Bus	# Recorded	Total # Cital	tions Issued	Total 1	Trailers	Total Ha	zMat Types	
_	Insu	Insurance? Direction Of Travel YES NORTHBOUND				CrashTire Mark	Speed Limit 55		Total Lar	nes	
LNO.		Harmful Event: Collision							Emergency Motor Vehicle Use NOT APPLICABLE		
		ic Way D-WAY, NOT DIVID	ED			Traffic Control NO CONTROL			Traffic Control Inoperative/Missing NO		
١.	Surfa	асе Туре			Road Curva	ture		R	oad Grade		
	BLA	CKTOP (BITUMING	OUS)		STRAIGH	Т		L	EVEL		
Truck Bus or HazMat											
		Vehicle									
		License Plate Numbe	r		Plate Type		St	Со	ountry of Issuance		
		XE30945			HTK - HE	AVY TRUCK	WI	UN	NITED STATES		
05	05	Vehicle Identification Number 1N6BF0LY4MN802307			Make NISSAN		Year 2021	Mc N\	odel /		

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				To		B			
		I I		Body Style		Bus Use			
		WHI - WHITE		VN - VAN					
١.	쁴			Vehicle Damage			7 8 9 10 11		
۱Ę	\overline{c}	10 - LEFT SIDE FRONT					6 12		
F	VEHICLE			10 - LEFT SIDE FRO	ONT		5 4 3 2 1		
	5	FUNCTIONAL DAMAGE					5 4 5 2 1		
		Towed Due To Damage		Vehicle Removed By					
		NOT TOWED		OPERATOR					
		What Driver Was Doing		Vehicle Factors					
		GOING STRAIGHT							
		Driver Prior Action Other		NOT APPLICABLE					
1		Driver Actions							
	щ	NO CONTRIBUTING ACT	ION						
□	VEHICLE								
F	王								
-	¥								
		Owner Name		Owner Address					
١.,	~	ACTION PLUMBING AND	HEATING	899 S BIRD ST					
05	05			SUN PRAIRIE, V	VI 53590 , US				
	:	Sequence Of Events							
		Event							
	2	MOTOR VEH IN TRANSP	ORT						
	~	Event							
	02								
	~	Event							
	03								
	4	Event							
	9								
_	- 1	Policy Holder							
FIN		Insurance Company		Organization/Compa	ny				
∣⊃		AMERISURE-INS-CO		ACTION PLUMBII	NG AND HEATING				
		Individual							
		Driver		Citations Issued	Sex				
		MICHAEL OTT		0	MALE				
	₹	(608) 434-0889		Date of Birth	Race				
 	INDIVIDUAL				WHITE				
FIN	⋝	Address		Driver License Number					
>	₫	455 RUSSELL ST							
	=	BARABOO, WI 53913 , U	IS						
		On Duty	y Crash	Safety Equipment					
	Sat	afety Equipment							
				SHOULDER & LAP BELT					
1		Row	Seat Position	SHOULDER & LA	P BELT				
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LA	P BELT				
				SHOULDER & LA Helmet Compliance	P BELT				
		01 - FRONT ROW			P BELT				
		01 - FRONT ROW			P BELT				
		01 - FRONT ROW Helmet Use		Helmet Compliance	P BELT				
12	02	Helmet Use Eye Protection Injury S	07 - LEFT	Helmet Compliance Tint Compliance Airbag	P BELT				
02	002	Helmet Use Eye Protection Injury NO AF	07 - LEFT Neverity PPARENT INJURY	Helmet Compliance Tint Compliance	P BELT				
02	002	Helmet Use Eye Protection Injury S NO AF	07 - LEFT Everity PARENT INJURY Ejection Path	Helmet Compliance Tint Compliance Airbag NON DEPLOYED	P BELT	Trapped/Extricated			
02	000	Helmet Use Eye Protection Injury Injury NO AF Ejected NOT EJECTED	07 - LEFT Neverity PPARENT INJURY	Helmet Compliance Tint Compliance Airbag NON DEPLOYED		NOT TRAPPED			
02	000	Helmet Use Eye Protection Injury Injury NO AF Ejected NOT EJECTED Medical Transport	07 - LEFT Everity PARENT INJURY Ejection Path	Helmet Compliance Tint Compliance Airbag NON DEPLOYED					
02	002	Helmet Use Eye Protection Injury Injury NO AF Ejected NOT EJECTED	07 - LEFT Everity PARENT INJURY Ejection Path	Helmet Compliance Tint Compliance Airbag NON DEPLOYED		NOT TRAPPED			

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		Hospital		Date of Death		Time of Death					
	Distracted By NOT APPLICABLE (NOT DISTRACTED)										
		Distracted By Action NOT DISTRACTED									
		Non Motorist Striking Unit #	Location								
		Prior Action									
		Action									
_	UAL										
LIND	INDIVIDUAL										
	Ξ										
		Action Other					To/From School				
							10/FIOIII SCHOOL				
	L	Drug & Alcohol NO	Jse	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						
05	005	Drug Type									
		Individual Condition									
		APPEARED NORMAL									