WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Override	Primary Crash I	Document #	Λ	0 1 11 1	Investigation	Off:/D t		
	Primary Crash Document # Crash Time 02:56 PM		24-094	Crash Number !52	Investigating Officer/Deputy DEPUTY D. KROLIKOWSKI			
Crash Date 08/25/2024			Date Ar 08/25/		Time Arrived 03:02 PM			
08/25/2024 Date Notified 08/25/2024 On Emergency	Time Notified 02:56 PM			Total Units 01		Total Kill	ed	
On Emergency	it and Run	Lane Closs		re Work Zone		or Towed	Reporting Threshold	
Government Property	Active Sc	chool Zone	School NO	Bus Related	Tags			
▼ Reportable	Crash Type DT4000 (STA	NDARD CRASH	l)		Amend	ed	Secondary Crash	
✓ I, a sworn law enforcem DRIVER WAS DRIVING TRUCK W	EST ON HWY 33 W	VHEN IT DRIFTED C	OFF THE F		ITERED THE DITC		pormation BARBED WIRE FENCE	

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	Loc	ation									
H		STH33 WB				Latitude			Longitue	de	
	600	FT N		43.534527125			-90.026	-90.026647522			
		ALEXANDER AVE	X Coordina	ate		Y Coord	linate				
		HE TOWN OF REEDS	SBURG			255446.2			4824627		
	IN 5	AUK COUNTY				Structure Type					
						NO STRU					
(Cra	sh Scene									
1	First	Harmful Event				First Harm	ıful Event L	ocation			
	DIT	СН		ON ROA	DWAY						
	Manr	ner of Collision				Light Cond	dition				
	00 -	NO COLLISION W/VE	EHICLE IN TRANSPORT	DAYLIGH	НT						
	Road	d Surface Condition(s)				Roadway I	Factor(s)				
	DRY				. ,						
	Envir	ronment Factor(s)									
	NON	NE				NONE					
	Wea	ther Condition(s)									
	CLE	AR									
	Anim	nal Type				Relation T		•			
	Cras	h Classification - Location	1			Crash Clas		Jurisdiction			
		BLIC PROPERTY		NO SPECIAL JURISDICTION							
	Tribal Land					Access Control Special Study NO CONTROL					
	Withi	in Interchange Area	Junction Location		Intersection						
	NO	g	NON-JUNCTION			INTERSE	CTION				
į	Unit	t Summary \blacksquare									
\exists		Status		Vehicle Ope	erating As C	assification		Unit Type			
	IN T	RANSIT		D CLASS		TRUCK					
_	Vehic	cle Type				Operating As Endorsements					
5	UTIL	LITY TRUCK/PICKUP	TRUCK								
	Total	Occs	Train/Bus # Recorded	Total # Citations Issue 0 Pre CrashTir		d Total Trail		ilers Total HazMat Types		:Mat Types	
	2						0		0		
	Insur	rance?	Direction Of Travel			Speed Lir		imit Total		Lanes	
.	YES	}	WESTBOUND		Mark		55	2			
		Harmful Event: Collision		Special Fur			<u> </u>	Emergency		icle Use	
)	DIT			NO SPEC	IAL FUNC	TION		NOT APPLICABLE			
	Traffi	ic Way		Traffic Cont	trol			Traffic Control Inoperative/Missing NO Road Grade LEVEL		tive/Missing	
	TWC	D-WAY, NOT DIVIDED)	NO CONT	ROL						
	Surfa	асе Туре		Road Curva	ature						
	BLA	CKTOP (BITUMINOU	JS)	STRAIGH	Т						
	Truck	k Bus or HazMat						-1			
-		Vehicle									
		License Plate Number		Plate Type			St	Country of Iss	suance		
		RX1959		LTK - LIGHT TRUCK		WI	UNITED STATES				
	01	Vehicle Identification Nu	Make			Year	Model 4500				
	0	1C6SRFJT6LN22256		RAM 2020							
		Color RED - RED	Body Style PK - PICKUP Bus Use								
	щ	Initial Contact Point		Vehicle Da	Vehicle Damage						
.	7	12 - FRONT		01 - RIG	01 - RIGHT FRONT CORNER, 03 - RIGHT SIDE						
	=	Extent Of Damage		MIDDLE, 05 - RIGHT REAR CORNER, 06 - REAR, 07 -				6 12			
•	I	Extent of Damage									
5	VEHICL	DISABLING DAMAG	iE					E MIDDLE, 1		5 4 3 2 1	

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		Towed Due To Damage		Vehicle Removed By						
		TOWED DUE TO DISABLI	NG DAMAGE	SHIELDS TOWING						
		What Driver Was Doing		Vehicle Factors						
		GOING STRAIGHT								
		Driver Prior Action Other		NOT APPLICABLE						
		Driver Actions								
	щ	UNKNOWN								
LNU	VEHICLE									
5	ᇤ									
	7									
		Our an Nama		O Add						
		Owner Name ROBERT MORTIMORE		Owner Address E2681 GREEN KN	IOLL DR					
6	01	(608) 985-7307		LA VALLE, WI 539						
		Sequence Of Events								
	01	Event DITCH								
		Event								
	02	FENCE								
	03	Event								
		Event								
	04	2.0								
╘	ı	Policy Holder								
LIND		Insurance Company AUTO-OWNERS-INS-CO		Individual ROBERT MORTIMO)RE					
				ROBERT WORTHWO	JKL					
		Individual Control of the Control of								
		Driver ROBERT MORTIMORE		Citations Issued	Citations Issued Sex MALE					
	A.	(608) 985-7307		Date of Birth	Race					
_	INDIVIDUAL			WHITE						
L N N	≥	Address		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES						
_		E2681 GREEN KNOLL DR								
	=	LA VALLE, WI 53941 , US								
	Saf	On Duty fety Equipment	Crash	Safety Equipment						
		Row	Seat Position	SHOULDER & LAP	BELT					
		01 - FRONT ROW	07 - LEFT							
		Helmet Use		Helmet Compliance						
		Eye Protection		Tint Compliance						
		•								
2	90	Injury Se Injury SUSPE	=	Airbag						
	0		CTED MINOR INJURY	NON DEPLOYED						
			Ejection Path NOT EJECTED/NOT API	DUCABLE		Trapped/Extricated				
		NOT EJECTED Medical Transport	NOT EJECTED/NOT API			NOT TRAPPED EMS Run #				
		EMS GROUND		EMS Agency Identifier EMS Run #		EWS Rull#				
		Hospital		Date of Death		Time of Death				
		REEDSBURG AREA MED								
		Distracted By NOT A	ed By Source PPLICABLE (NOT DISTRA	ACTED)						
		Distracted By Action NOT DISTRACTED								

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		_								
		Non Motorist	Striking Un	it#	Location					
		Prior Action								
		Action								
		Action								
	AL									
╘	INDIVIDUAL									
UNIT	N									
	IND									
		Action Other							To/From School	
	L	Drug & Alcohol	Suspected NO	Alcohol U	se	Suspected Drug Use NO				
		Alcohol Test Given			Alcohol Test Type	<u> </u>		Alcohol Test Results		
		TEST NOT GIVEN			Drug Test Type		Drug Test Results			
		Drug Test Given TEST NOT GIVEN			Drug Test Type		Drug Test Results	5		
7	001	Drug Type								
	0									
		Individual Condition								
		APPEARED NORM	IAL							
		 ndividual								
		Passenger BARBARA MORTIMORE (608) 963-3773				Citations Issued	Sex			
	Ļ					0	FEMALE			
_	INDIVIDUAL				Date of Birth	Race WHITE				
L N N	M	Address				Driver License Number	er			
_	N D	E2681 GREEN KNOLL DR LA VALLE, WI 53941 , US			STATE: WISCONSIN COUNTRY: UNITED STATES					
	Sat	fety Equipment	On Duty C	rash		Safety Equipment				
		Row		Seat Po	sition	SHOULDER & LAF	PBELT			
		01 - FRONT ROW		09 - RI						
		Helmet Use	net Use			Helmet Compliance				
		Eye Protection				Tint Compliance				
2	005	Injury Severity SUSPECTED MINOR INJURY				Airbag NON DEPLOYED				
		Ejected	E,	jection Pat	h			Trapped/Extricated		
		NOT EJECTED Medical Transport	N	OT EJE	CTED/NOT APPI			NOT TRAPPED EMS Run #		
		EMS GROUND				EMS Agency Identifier 6001024	ı	EIVIS Ruii #		
		Hospital				Date of Death		Time of Death		
		REEDSBURG ARE	Distracted							
		Distracted By	J.S. GOLEG	_,						
		Distracted By Action								
			Striking Un	nit#	Location					
		Non Motorist								

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		Prior Action									
		Action									
	_										
	NA										
UNIT	/ID										
⊃	INDIVIDUAL										
	Z										
		Action Other						To/From School			
			Suspected Alcohol	loo	Suspected Drug Use						
	L	Drug & Alcol	hol NO	use	NO						
		Alcohol Test Given		Alcohol Test Type	ol Test Type Ald		Alcohol Test Results	Alcohol Test Results			
		TEST NOT GIVEN									
		Drug Test Given TEST NOT GIVEN		Drug Test Type Drug Test Results							
5	002	Drug Type	Drug Type								
		Individual Condition									
		APPEARED NORMAL									
	Pro	perty Owne	ar E								
	Indiv	idual			Address						
۰ 01	EAR	RL LANDSINGE 3) 381-0990	R		Address E5855 LAVALLE ST REEDSBURG, WI 53959 , US						
PROP OWNER	(000	,, 001 0000			N222020NO, 111 000	oo , oo					
	Fixe	ed Objects S	truck								
		Striking Unit	Struck Object			I	Structure Number	Damage Tag Number			
	5	01	FENCE								