6TL0F3SSGW 24-09678

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash Document #	Agency 24-096	Crash Number 578	Investigating DEPUTY A					
Ň	Crash Date 08/30/2024	Crash Time 02:17 PM	Date A 09/05/		Time Arrived 02:51 PM					
ñ	Date Notified	Time Notified	Total U	Total Units		Total Ki	lled			
Ś	08/30/2024	02:18 PM	02		00	00				
61L0F3SSGW	On Emergency	and Run		Work Zone		or Towed	Reporting Threshold			
6 I L	Government Property	Active School Zone	School NO	Bus Related	Tags					
	Reportable	Crash Type DT4000 (STANDARD CRASH	I)		Amend	ed	Secondary Crash			
	Description									
	Diagram					Reconstructi Photos By				
		tere M. en a			A ALT Bath Dit BreezyHillRd Breezy	Additional In				
	✓ I, a sworn law enforceme	nt officer, agree that I have no	ot addeo	d any CJIS data in this	s report.					
	U1 WAS TRAVELING WESTBOUND	ON HY33 WEST OF BREEZY HILL R	D WHEN	U2 WAS FOLLOWING BE	HIND IT. WHILE					
	FROM U1, WHICH WAS PURPLE R WINDSHIELD CHIPPED AS A RESU	OCK, CAME LOOSE FROM THE DUM JLT OF THE LOOSE CARGO. U2 ADV NJURED AND HIS VEHICLE IS DRIVE	IP BOX A ISED TH	REA OF U1 AND STRUCK	THE WINDSHIE	LD OF U2. OP	ERATOR OF U2 STATED THE			

6TL0F3SSGW

24-09678

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

1	Loc	ation									
Ī		STH33 WB			Lat	atitude			Longitud	le	
		5 MI W			43	3.50338	88437		-89.613338058		
		BREEZY HILL RD			x	Coordin	ate		Y Coord	Y Coordinate	
		THE TOWN OF FAIRFIE	LD		28	288734.3125 4820035.5				5.5	
	in o				Str	tructure -	Туре				
(Cra	sh Scene 📃									
Ī	First	Harmful Event			Fir	rst Harm	ful Event Lo	ocation			
	CAF	RGO/EQUIPMENT LOS	SS OR SHIFT		0	N ROA	DWAY				
	Man	ner of Collision			Lig	ght Cond	dition				
	00 -	NO COLLISION W/VE	HICLE IN TRANSPORT		DA	AYLIGI	нт				
Î	Road	d Surface Condition(s)			Ro	oadway	Factor(s)				
	DR۱	r									
ł	Envi	ronment Factor(s)									
	NO	.,			NC	ONE					
	-										
		ther Condition(s)									
	CLE	EAR									
ł	Anim	nal Type			Re	elation T	o Trafficway	/			
					TR	RAFFIC	WAY - O	N ROAD			
Î		Crash Classification - Location PUBLIC PROPERTY					ssification -				
	-							ISDICTION		-	
	Triba	al Land			-			Special Study		Special Study	
	14/241-	in lateral energy Anna	Junction Location			NO CONTROL					
		in Interchange Area			Intersection Ty		CTION				
	NO NON-JUNCTION NOT AN					IN INTERSECTION					
	Les St						onion				
 		t Summary		Vehicle Ope	-						
) 	Unit	Status		-	erating As Classi			Unit Type			
	Unit IN T	Status RANSIT		Vehicle Ope	erating As Classi			TRUCK	s Endorser	nents	
	Unit IN T Vehi	Status	RT TRUCK)	-	erating As Classi				s Endorser	nents	
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Wisconsin Motor Vehicle Crash Form DT4000

6TL0F3SSGW 24-09678

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	-				Vehicle Removed By					
		NOT TOWED			DPERATOR					
		What Driver Was Doing		Ve	Vehicle Factors					
		GOING STRAIGHT Driver Prior Action Other			NOT APPLICABLE					
		Driver Prior Action Other								
		Driver Actions								
	щ	NO CONTRIBUTING ACT	ION							
⊑∣	CL									
UNIT	VEHICLE									
_	ν									
		<u> </u>								
		Owner Name K5 ENTERPRISES			Owner Address 4121 CTH V					
	01				DEFOREST, WI	53532 , US				
		Sequence Of Events								
		Event								
	01	CARGO/EQUIPMENT LO	SS OR SHI	FT						
	02	Event								
	0	-								
	03	Event								
		Event								
	04	LVEII								
		ndividual								
		Driver			Citations Issued	Sex				
					0					
	INDIVIDUAL			-	Date of Birth	Race				
ьI	D									
		Address			Driver License Number					
_	IN	,								
	-	On Duty	Crash		Safety Equipment					
	Saf	ety Equipment								
		Row	Seat Po		RESTRAINT USE UNKNOWN					
		01 - FRONT ROW	07 - LE							
		Helmet Use			Helmet Compliance					
		Eye Protection			Tint Compliance					
		Lyon locolon			The Compliance					
-	Σ	Injury Severity			Airbag					
2	001	Injury NO AP	PARENT I	NJURY	NON DEPLOYED					
		Ejected	Ejection Pa				Trapped/Extricated			
		NOT EJECTED	NOT EJE	CTED/NOT APPLI			NOT TRAPPED			
		Medical Transport			EMS Agency Identifie	r	EMS Run #			
	NOT TRANSPORTED Hospital				Date of Death		Time of Death			
		nospital			Date of Death					
		Distract	ed By Source	9			1			
		Distracted By UNKN	OWN							
		Distracted By Action								
		UNKNOWN	1 1 1 1 1 1 1	Location						
		Striking Non Motorist	Unit #	Location						

Wisconsin Motor Vehicle Crash Form DT4000

6TL0F3SSGW 24-09678

I.

WISCONSIN MOTOR VEHICLE **CRASH REPORT**

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

	Action			Prior Action							
Action											
Action Other To/From Sc										iool	
D	Susp Drug & Alcohol NO	ected Alcohol U	lse	Suspe NO	cted Drug Use						
			Alcohol Test Typ	be				Alcohol Tes	t Results		
			Drug Test Type			Drug Tes	t Results				
	Drug Type					1					
ľ	Individual Condition										
	NOT OBSERVED										
C	Carrier				Sourco						
	V	le Owner San	ne as Carrier								
5	K5 ENTERPRISES	i		Address 4121 CTH V DEFOREST, WI 53532 ,US							
2	GVWR 10,001-26,000 LBS	6				ORE THA	-				
		-		-							
	OS/OW Load	ermit Number									
ľ	Measured Height	Measu	red Length		Measured Widt	h		Measured W	eight		
				Vehicle Operating As Classification D CLASS				Unit Type TRUCK			
							Operating A	Operating As Endorsements			
				Total # Citations Issued					Total HazMat Types		
			avel			0 Speed Limit		Total Lanes			
	Harmful Event: Collision Wit				unction		5		Motor Vehicle Use		
ARGO/EQUIPMENT LOSS OR SHIFT				NO SPECIAL FUNCTION				NOT APPLICABLE			
NO	-WAY, NOT DIVIDED							NO	or moperative/missing		
									1		
	D D D D D D D D D D D D D D D D D D D	Drug & Alcohol Susp Alcohol Test Given TEST NOT GIVEN Drug Test Given TEST NOT GIVEN Drug Type Individual Condition NOT OBSERVED Carrier Image: Comparison of the stress of th	Drug & Alcohol Suspected Alcohol L Alcohol Test Given TEST NOT GIVEN Drug Test Given TEST NOT GIVEN Drug Type Individual Condition NOT OBSERVED Carrier Image: Comparison of the stress of t	Drug & Alcoho Suspected Alcohol Use NO Alcohol Test Given TEST NOT GIVEN Drug Test Type Drug Test Given TEST NOT GIVEN Drug Test Type Drug Type Individual Condition NOT OBSERVED Carrier Image: Carrier Use Vehicle Owner Same as Carrier Name K5 ENTERPRISES K5 ENTERPRISES SINGLE-UNIT TRUCK (US DOT # 3122246 GVWR Vehicle Configuration 10,001-26,000 LBS SINGLE-UNIT TRUCK (US DOT # 3122246 GVWR Vehicle Configuration 10,001-26,000 LBS INTRASTATE CARRIER INTRASTATE CARRIER INTRASTATE CARRIER Measured Height Measured Length it Status Train/Bus # Recorded TRANSIT Indict Travel Mic SO/ACUP MENT LOSS OR SHIFT WESTBOUND Ist Harmful Event: Collision With WESTBOUND Ist Harmful Event: Collision With RGO/EQUIPMENT LOSS OR SHIFT Iffic Way O-WAY, NOT DIVIDED ACKTOP (BITUMINOUS) Ick Bus or HazMat	Drug & Alcohol Suspected Alcohol Use NO Suspected Alcohol Use NO Suspected Alcohol Test Type Alcohol Test Given TEST NOT GIVEN Drug Test Type Drug Test Type Drug Type Individual Condition Drug Test Type Drug Type Individual Condition NOT OBSERVED Carrier ✓ Use Vehicle Owner Same as Carrier Name K5 ENTERPRISES USDOT# 3122246 GVWR Vehicle Configuration 10,001-26,000 LBS SINGLE-UNIT TRUCK (2-AXLE) US DOT # Carrier Type 3122246 INTRASTATE CARRIER OS/OW Load WI Permit Number Permitted Ve Permitted Ve Permitted Measured Height Measured Length Vehicle Op D CLASS tit Summary Train/Bus # Recorded Total # Cit 0 urance? 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Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data. 4 of 6

6TL0F3SSGW 24-09678

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WISCONSIN MOTOR VEHICLE **CRASH REPORT**

	Vehicle											
		License Plate Number	Plate Type	St Country of Issuance								
		SZ6876		LTK - LIGHT TRUCK	wi	UNITED STATES						
	02	Vehicle Identification Number		Make	Year	Model						
	•	3GCUKSEC0JG226322		CHEVROLET 2018 SILVERADO Body Style Bus Use								
		Color SIL - SILVER (ALUMINUM)		Body Style PK - PICKUP		Bus Use						
	щ	Initial Contact Point		Vehicle Damage								
F	Ч	12 - FRONT					7 8 9 10 11					
UNIT	VEHICL	Extent Of Damage	12 - FRONT			6 5 4 3 2 1						
	۳	MINOR DAMAGE				54521						
		Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR								
		What Driver Was Doing		Vehicle Factors								
		GOING STRAIGHT										
		Driver Prior Action Other		NOT APPLICABLE								
		Driver Actions NO CONTRIBUTING ACTION										
⊢	VEHICLE		•									
UNIT	¥											
2	Ň											
		Owner Name JOSHUA NAGEL		Owner Address 1921 CRAWFORD	ет							
	02	JUSHUA NAGEL		BARABOO, WI 53	÷ ·							
	Ū											
	9	Sequence Of Events										
		Event										
	5	CARGO/EQUIPMENT LOSS	OR SHIFT									
	02	Event										
		Event										
	03											
	4	Event										
	-	Deliev Helder										
UNIT		Policy Holder Insurance Company		Individual								
5		ACUITY,-A-MUTUAL-INSUR	ANCE-CO	JOSHUA NAGEL								
		Individual										
		Driver		Citations Issued	Sex							
	Ļ	JOSHUA NAGEL		0	MALE							
	UAL			Date of Birth	Race WHITE	Race WHITE						
UNIT	INDIVIDI	Address		Driver License Number								
5		1921 CRAWFORD ST										
	≤	BARABOO, WI 53913, US										
			-									
	Saf	On Duty Cra fety Equipment	ash	Safety Equipment								
		Row	Seat Position	SHOULDER & LAP	BELT							
		01 - FRONT ROW	07 - LEFT									
		Helmet Use	-	Helmet Compliance								
		Eye Protection		Tint Compliance								
		Lys Flotection		Tint Compliance								

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data. 5 of 6

6TL0F3SSGW 24-09678

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

8	002	les is series	Injury Se	everity		Airbag					
	õ	injury	NO AP	PARENT IN	IJURY	NON DEPLOYED					
		Ejected		Ejection Pat	h			Trapped/Extricated			
		NOT EJECTED		NOT EJEC	CTED/NOT APPL	ICABLE		NOT TRAPPED			
		Medical Transport				EMS Agency Identifier		EMS Run #			
		NOT TRANSPORT	ſED								
		Hospital				Date of Death		Time of Death			
		Distracted By									
		Distracted By Action NOT DISTRACTED									
		Non Motorist	Striking	Unit #	Location						
		Prior Action									
İ		Action									
	INDIVIDUAL										
E	DC										
UNIT	VIE										
	D										
	N										
ļ		A							T (F 0 1 1		
		Action Other							To/From School		
			Suspect	ed Alcohol U	se	Suspected Drug Use					
	L	Drug & Alcohol	NO			NO					
	1	Alcohol Test Given			Alcohol Test Type			Alcohol Test Results			
		TEST NOT GIVEN									
		Drug Test Given TEST NOT GIVEN			Drug Test Type		Drug Test Results				
02	002	Drug Type									
		Individual Condition									
		APPEARED NORI	MAL								