24-09914

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 Crash Number Investigating Officer/Deputy 24-09914 DEPUTY A. KING									
GZ	Crash Date 09/05/2024	Crash Time 12:06 PM			ived 024	Time Arrived 12:14 PM	Time Arrived 12:14 PM			
SSS	Date Notified 09/05/2024	Time Notified 12:07 PM		Total Un 02	its	Total Injured 01	Total InjuredTotal Killed0100			
L0F3SS	On Emergency	Hit and Run	Lane Closu	ire	Work Zone	✓ Trailer	or Towed	Reporting Threshold		
6TL	Government Property	Active Sc	hool Zone	School E NO	Bus Related	Tags				
	✓ Reportable	Crash Type DT4000 (STA	NDARD CRASH)		Amend	d	Secondary Crash		
	Description						Reconstruction	o Ry		
	Jagram						Reconstruction	ПЪУ		
		Not to scale					Photos By			
					- n	-	FIIOLOS By			
					Dav	T				
			20	-			Additional Info WITNESS V			
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			21	-	- Hor	3. 2				
	C. P. J. P.		S AND			20 1				
	✔ I, a sworn law enforc	ement officer, agre	ee that I have no	t added	any CJIS data in th	nis report.				
	OPERATOR OF U1, CHADWIC SWERVED INTO THE ONCOM	ING LANE TO AVOID S	STRIKING U2. CHAD	WICK SAI	D AS HE PASSED U2, I	U2 SWERVED INTO	HIS LANE AN	D STRUCK THE TRAILER		
	ATTACHED TO U1. UPON SPE ENTER HY14. JEFF SAID HE S JEFF SAID HE NOTICED HIS F	SAW THE SUV QUICKL	Y APPROACHING A	AND WAS	WATCHING HIS PASSE	NGER MIRROR AS	SUMING IT WO	OULD PASS ON THE RIGHT.		
	FOOTAGE WAS OBTAINED FF ASSUMING LOOKING IN BOTH TRAILER ENTER CAMERA VIE	H DIRECTIONS AND TH	HEN TURNING ONT	O HY14. A	FTER A FEW SECOND	S OF TRAVEL ON	HY14, YOU CAI	N SEE THE SUV WITH		
	THE SEMI DID NOT SWERVE LEFT OF CENTER AS A VIOLA STATED HE DID NOT NEED O	LEFT OR RIGHT. THE	SEMI'S CAB APPEA AND WAS RELEAS	RED TO S	HAKE AFTER BEING S THE SCENE. U1 OPER	TRUCK BY THE T	RAILER. CHADV JESTED AN AM	WICK WAS CITED FOR		

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data. 1 of 7 Crash Date 09/05/2024 Crash Time 12:06 PM 24-09914

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Lo	cation									
0	N USH14 WB					Latitude			Longi	tude
	2 FT N					43.18597	78644		-90.0	64397505
	OF STH23 WB IN THE TOWN OF SPRING GREEN IN SAUK COUNTY						ate		Y Co	ordinate
							250972.96875 4786027.5			
							Туре		1	
L Cr	ash Scene									
-	st Harmful Event					First Harm	nful Event Lo	ocation		
м	OTOR VEH IN TRANS	POR	RT			ON ROA				
Ma	anner of Collision	-				Light Con	dition			
01	- ANGLE					DAYLIG	нт			
Ro	ad Surface Condition(s)					Roadway	Factor(s)			
w	ET									
En	vironment Factor(s)									
N	ONE					NONE				
We	eather Condition(s)					1				
R/	AIN									
An	imal Type						o Trafficway			
Cr	ash Classification - Locati	00					SWAY - OI ssification -	-		
	JBLIC PROPERTY	OII						SDICTION		
Tri	ibal Land					Access Control				Special Study
14/							TROL			
N	ithin Interchange Area D		unction Location ON-JUNCTION		Intersection	INTERSE	CTION			
L	nit Summary				-		-			
	nit Status			Vehicle Ope	erating As C	lassification		Unit Type		
IN	TRANSIT			D CLASS				TRUCK		
Ve	hicle Type						Operating As Endorsements			
U	TILITY TRUCK/PICKU	PTR	RUCK							
То	tal Occs		Train/Bus # Recorded	Total # Cita	tions Issued	1	Total Trail	ers	Total H	lazMat Types
1				1			1		0	
Ins	surance?		Direction Of Travel	Pre	CrashTire)	Speed Lin	nit	Total L	anes
YE	ES		WESTBOUND		Mark 45			2		
	ost Harmful Event: Collisio				Special Function			Emergency Motor Vehicle Use		
	OTOR VEH IN TRANS	POR	RT	NO SPEC				-		
	affic Way	-		Traffic Cont					ol Inope	erative/Missing
	VO-WAY, NOT DIVIDE	U		NO CONT Road Curva				NO Read Grade		
		(20		STRAIGH				Road Grade		
	uck Bus or HazMat				•					
N										
	Vehicle									
	License Plate Number			Plate Type			St	Country of Is		
	LD2309				GHT TRUC	Ж	WI	UNITED ST	ATES	
5	Vehicle Identification N		er				Year 2005	Model TAHOE		
0	Color GRY - GRAY			CHEVROLET Body Style UT - SPORT UTILIT			2005	Bus Use		
								Dus Use		
ш				Vehicle Da						
		EAR	1		-					7 8 9 10 11
HICL	04 - RIGHT SIDE REAR Extent Of Damage FUNCTIONAL DAMAGE			04 - RIG	HT SIDE F	REAR				6 12 5 4 3 2 1
E E										54321

24-09914

WISCONSIN MOTOR VEHICLE CRASH REPORT

		Towed Due To Damage			Vehicle Rem	-					
					OPERATO						
		What Driver Was Doing OVERTAKE LEFT			Vehicle Facto	JIS					
		Driver Prior Action Other		NOT APPLICABLE							
		Driver Actions									
	щ	SPEED TOO FAST/COND									
UNIT	ICI										
5	VEHICLE										
	>										
		Owner Name			Owner A	ddress					
_	-	CHADWICK JOHNSON			MERCER RI						
6	01			SPRING	G GREEN, V	VI 53588 ,	05				
		Sequence Of Events									
	01	5 MOTOR VEH IN TRANSPORT									
	02	Event									
	03										
		Event									
	04	Event									
E	I	Policy Holder									
UNIT		Insurance Company PROGRESSIVE-CASUALTY-INS-CO				CK JOHNS	אר				
	-	Trailer/Towed					511				
			е Туре	Make		State		Count	ry of Issuance		
6			0 1 9 9 0	OTH		Olale		Count	y of issuance		
	R/	Unit Type				Addre E34			ess 19 MERCER RD		
	TRAILER/	UTILITY TRAILER CHADWICK ALLAN Vehicle Identification Number							RING GREEN, WI 53588 , US		
	TR₽	2021MN547424									
		Individual									
		Driver	Citations Issued Sex								
	AL	CHADWICK JOHNSON			1 MALE						
L					Date of Bir	rth	Race WHITE				
UNIT	N	Address			Driver License Number						
ر	ND	E3419 MERCER RD SPRING GREEN, WI 53588,US			STATE: WISCONSIN COUNTRY: UNITED STATES						
	-		,		STATE. WISCONSIN COUNTRY. UNITED STATES						
		On Duty Crash			Safety Equipment						
	~	On Duty	y Crash		Safety Equ	uipment					
	Saf	fety Equipment	y Crash								
	Saf	f ety Equipment Row	Seat	Position		uipment DER & LAP E	BELT				
	Saf	fety Equipment ^{Row} 01 - FRONT ROW	Seat	Position LEFT	SHOULD	ER & LAP E	BELT				
	Sat	fety Equipment Row 01 - FRONT ROW Helmet Use	Seat			ER & LAP E	BELT				
	Sat	fety Equipment ^{Row} 01 - FRONT ROW	Seat		SHOULD	DER & LAP E	BELT				
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WISCONSIN MOTOR VEHICLE CRASH REPORT

Institution Institution Inspital Date of Death Time of Death Distracted By NoT APPLICABLE (NOT DISTRACTED) Distracted By Action Not Matcrist Not Microrist Sinking Unit # Location Prior Action Action Other Inspital Distracted By Action No Motorist Sinking Unit # Prior Action Action Other Suspected Mothol Use No Drug & Alcoho No No Motorist Action Itest Green Action Other No No Motorist Action Itest Green Drug & Alcoho No No Motorist Action Itest Green Test Not Given Drug Test Green Drug Test Green Action Itest Green Drug Type Drug Test Green Drug Test Green Motorist Drug Type Issue To? Statute Number Description Drug Test Results Drug Type Instatus Vehicle Operating As Classification Unit Type Track Stars Instatus # Recorded Operating As Classification Unit Type													
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Surface Type Road Curvature Road Grade BLACKTOP (BITUMINOUS) STRAIGHT LEVEL Truck Bus or HazMat TRUCK OR TRUCK COMBINATION > 10,000LBS GVWR/GCWR LEVEL			,	=n							ol Inoperati	ve/Missing	
Truck Bus or HazMat TRUCK OR TRUCK COMBINATION > 10,000LBS GVWR/GCWR		Surfa	асе Туре			R	oad Curvature		F	Road Grade			
TRUCK OR TRUCK COMBINATION > 10,000LBS GVWR/GCWR				DUS)		S	TRAIGHT		L	EVEL			
Vehicle				MBINATION	> 10,000LBS	GVWR/0	GCWR						
Venicie		١	Vehicle										

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WISCONSIN MOTOR VEHICLE CRASH REPORT

		License Plate Number			Plate Type		St	Country of Issuance		
		56846Z			APO - APPORTIONED WI			UNITED STATE	S	
02	02	Vehicle Identification Nu			Aake		Year 2023	Model FREIGHTLIN		
	0							Bus Use		
					C - TRACT	OR		243 030		
	щ				/ehicle Dama					
⊑	С	10 - LEFT SIDE FRONT							7 8 9 10 11 6 1 2	
UNIT	VEHICLE	Extent Of Damage 10				IDE FRON	Г		6 5 4 3 2 1	
	2	MINOR DAMAGE							5 7 5 2 1	
		Towed Due To Damage NOT TOWED			/ehicle Remov					
		What Driver Was Doing			/ehicle Factor					
		GOING STRAIGHT		ľ		5				
		Driver Prior Action Other	r	N		CABLE				
		Driver Actions	ACTION	-						
	Ц	NO CONTRIBUTING	ACTION							
UNIT	Ę									
	VEHICLE									
	>									
		Owner Name			Owner Ad					
02	02	AIROLDI BROTHERS			6930 S 6TH ST					
0	0				OAK CREEK, WI 53154 , US					
		Sequence Of Eve	ents							
	01	MOTOR VEH IN TRA	NSPORT							
	02	Event								
	03	Event								
	6	Event								
⊨		Policy Holder			I					
UNIT		Insurance Company GREAT-WEST-CASU			Organization/Company AIROLDI BROTHERS					
		Trailer/Towed	Diete Ture	Make		01.1		0 1 11		
03		Trailer Plate # 895247ST	Plate Type TRL - TRAI	WANC		State		Country of Issuance UNITED STATES		
	5	Unit Type	Org	anization/Company				Address		
UNIT	TRAILER/	SEMI TRAILER		N TRANSPORT	4755 CRESTED BUTTE TRL					
5	RAI	Vehicle Identification Nu			ROCKFORD, IL 61114 7330, US				4 7350, 03	
ļ		1JJV532D7EL82010								
		Individual								
		Driver JEFFREY FRIEDMA	N		Citations Iss 0	sued	Sex MALE			
	AL				Date of Birth	h	Race			
┝┍╴	INDIVIDUAL				Duto of Dirt					
UNIT	Σ	Address			Driver Licen	nse Number				
	Z	4920 MIRIUS MANCHSENY PARK	II 61115 US	2	STATE M	INNESOTA	COUNTRY	Y: UNITED STATES		
	-		,	,			5000 A			
			n Duty Crash							
	Sa	fety Equipment	n Duty OldSII							
		Row	Seat F	Position	L					

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WISCONSIN MOTOR VEHICLE CRASH REPORT

1				Safety	/ Equipment					
				-						
				SHO	SHOULDER & LAP BELT					
		01 - FRONT ROW	07 - LEFT		t Oamalian an					
		Helmet Use		Helme	et Compliance					
		Eye Protection		Tint C	ompliance					
	0	Injury Se	verity	Airbag	1					
6	002			-	DEPLOYED					
			Ejection Path				Trapped/Extricated			
			NOT EJECTED/NOT AP				NOT TRAPPED			
		Medical Transport NOT TRANSPORTED		EMS	IS Agency Identifier EMS Run #					
		Hospital		Date	of Death Time of Death					
		Distracted By NOT AF	d By Source PPLICABLE (NOT DISTF	RACTED)						
		Distracted By Action NOT DISTRACTED								
		Non Motorist	Jnit # Location							
		Prior Action								
İ		Action								
	_									
	INDIVIDUAL									
UNIT	Ĩ									
5	N									
	Z									
		Action Other						To/From School		
		L Suanaata	ed Alcohol Use	L Suene	atad Drug Llaa					
		Drug & Alcohol NO		NO	ected Drug Use					
		Alcohol Test Given TEST NOT GIVEN	Alcohol Test Ty	уре			Alcohol Test Results			
		Drug Test Given	Drug Test Type	е	Drug Test Re		sults			
		TEST NOT GIVEN								
02	002	Drug Type								
		Individual Condition								
		APPEARED NORMAL								
		Carrier								
		Use Vehicle C	wner Same as Carrier		Source DRIVER					
8	2	Name STN ENTERPRISES			Address 4755 CRESTE					
		USDOT# 551291			ROCKFORD,					
	BUS	GVWR	Vehicle Configuration				argo Body Type			
UNIT	B	MORE THAN 26,000 LB US DOT #	TRUCK TRACTOR/SE Carrier Type	MI-TRAIL	ER		AN/ENCLOSED BOX			
5	К	551291	INTERSTATE CARRIE	R	Permitted Load NOT APPLICABLE					
I .	0	L								

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WISCONSIN MOTOR VEHICLE CRASH REPORT

TRU	OS/OW Load WI Permit Number		Permitted Vehicle Permitted Route		scort Vehicle Required By Permit	Escort Vehicle Present
	Measured Height	Measured Len	gth Meas	ured Width	Measured Weigh	it