

6TL0F3SSH7  
24-11172

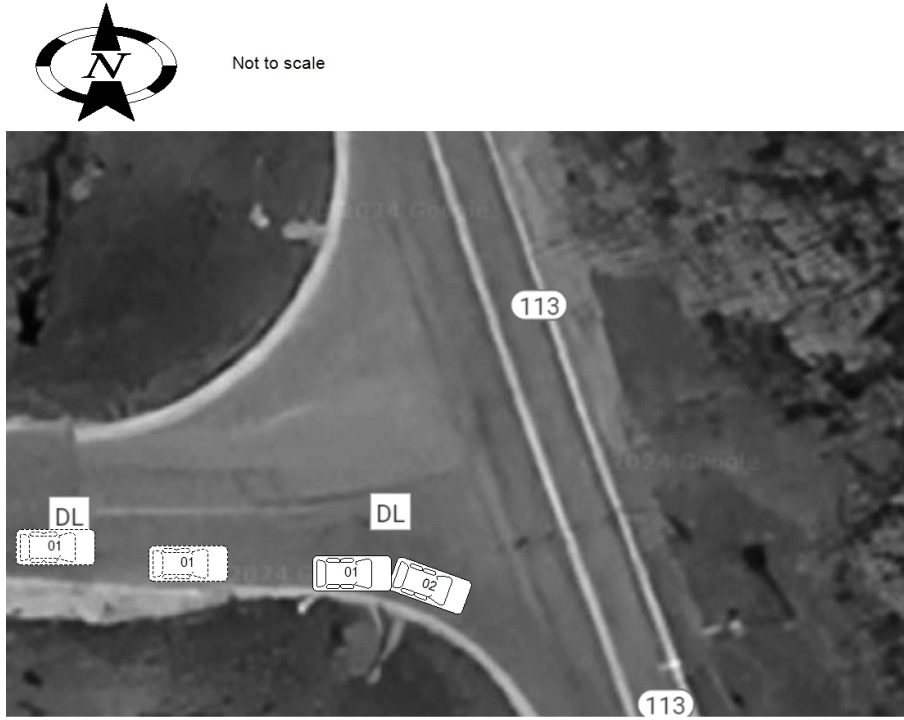
WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

6TL0F3SSH7

|  |                                      |  |                                    |   |  |   |                           |
|--|--------------------------------------|--|------------------------------------|---|--|---|---------------------------|
| Document Number Override                       |                                      | Primary Crash Document #                     |                                    | Agency Crash Number<br><b>24-11172</b>    |  | Investigating Officer/Deputy<br><b>DEPUTY A. KING</b> |                           |
| Crash Date<br><b>10/06/2024</b>                |                                      | Crash Time<br><b>03:36 PM</b>                |                                    | Date Arrived<br><b>10/06/2024</b>         |  | Time Arrived<br><b>03:59 PM</b>                       |                           |
| Date Notified<br><b>10/06/2024</b>             |                                      | Time Notified<br><b>03:37 PM</b>             |                                    | Total Units<br><b>02</b>                  |  | Total Injured<br><b>00</b>                            | Total Killed<br><b>00</b> |
| <input type="checkbox"/> On Emergency          | <input type="checkbox"/> Hit and Run | <input type="checkbox"/> Lane Closure        | <input type="checkbox"/> Work Zone | <input type="checkbox"/> Trailer or Towed |  | <input type="checkbox"/> Reporting Threshold          |                           |
| <input type="checkbox"/> Government Property   |                                      | <input type="checkbox"/> Active School Zone  |                                    | School Bus Related<br><b>NO</b>           |  | Tags  |                           |
| <input checked="" type="checkbox"/> Reportable |                                      | Crash Type<br><b>DT4000 (STANDARD CRASH)</b> |                                    | <input type="checkbox"/> Amended          |  | <input type="checkbox"/> Secondary Crash              |                           |

Description

|   |  |                                       |  |
|---|--|---------------------------------------|--|
| Diagram   |  | Reconstruction By                     |  |
|  |  | Photos By                             |  |
|   |  | Additional Information<br><b>NONE</b> |  |

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

U2 WAS EASTBOUND ON CH DL WHEN IT APPROACHED THE INTERSECTION WITH HY113. U2 STOPPED, PULLED FORWARD SLIGHTLY AS THE OPERATOR'S VIEW WAS OBSTRUCTED, OPERATOR OF U2 STATED HE STOPPED AS THERE WAS A CAR SOUTHBOUND ON HY113 AND THAT WAS WHEN HE WAS STRUCK BY U1. OPERATOR OF U1 STATED U2 WAS STOPPED AND THEN STARTED GOING FORWARD. OPERATOR OF U1 SAID HE WAS SLOWLY ROLLING FORWARD WHILE LOOKING LEFT AT THE ROADWAY WHEN HE STRUCK U2. OPERATOR OF U1 WAS CITED FOR FOLLOWING TOO CLOSELY. ALL OCCUPANTS SAID THEY HAD NO INJURIES AND THE OPERATORS REMOVED THE VEHICLES FROM THE SCENE.

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Location

|  |                                 |                                   |
|--|---------------------------------|-----------------------------------|
| ON CTHDL EB<br>113 FT W<br>OF STH113 SB<br>IN THE TOWN OF GREENFIELD<br>IN SAUK COUNTY | Latitude<br><b>43.430907836</b> | Longitude<br><b>-89.696615242</b> |
|  | X Coordinate<br><b>281741</b>   | Y Coordinate<br><b>4812200.5</b>  |
|  | Structure Type                  |                                   |

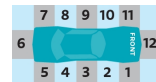
Crash Scene

|   |   |  |
|---|---|--|
| First Harmful Event<br><b>MOTOR VEH IN TRANSPORT</b>      | First Harmful Event Location<br><b>ON ROADWAY</b>                     |  |
| Manner of Collision<br><b>03 - FRONT TO REAR</b>          | Light Condition<br><b>DAWN</b>  |  |
| Road Surface Condition(s)<br><b>DRY</b>                   | Roadway Factor(s)<br><br><b>NONE</b>                                  |  |
| Environment Factor(s)<br><b>NONE</b>                      |   |  |
| Weather Condition(s)<br><b>CLEAR</b>                      |   |  |
| Animal Type   | Relation To Trafficway<br><b>TRAFFICWAY - ON ROAD</b>                 |  |
| Crash Classification - Location<br><b>PUBLIC PROPERTY</b> | Crash Classification - Jurisdiction<br><b>NO SPECIAL JURISDICTION</b> |  |
| Tribal Land   | Access Control<br><b>NO CONTROL</b>                                   | Special Study                              |
| Within Interchange Area<br><b>NO</b>                      | Junction Location<br><b>INTERSECTION-RELATED</b>                      | Intersection Type<br><b>T-INTERSECTION</b> |

Unit Summary

|                |   |   |  |  |                                |
|----------------|---|---|--|--|--------------------------------|
| <b>UNIT 01</b> | Unit Status<br><b>IN TRANSIT</b>                                    | Vehicle Operating As Classification<br><b>D CLASS</b> | Unit Type<br><b>AUTOMOBILE</b>                 |  |                                |
|                | Vehicle Type<br><b>PASSENGER CAR</b>                                | Operating As Endorsements                             |  |  |                                |
|                | Total Occs<br><b>1</b>  | Train/Bus # Recorded                                  | Total # Citations Issued<br><b>1</b>           | Total Trailers<br><b>0</b>                           | Total HazMat Types<br><b>0</b> |
|                | Insurance?<br><b>YES</b>  | Direction Of Travel<br><b>EASTBOUND</b>               | <input type="checkbox"/> Pre Crash Tire Mark   | Speed Limit<br><b>55</b>                             | Total Lanes<br><b>2</b>        |
|                | Most Harmful Event: Collision With<br><b>MOTOR VEH IN TRANSPORT</b> |   | Special Function<br><b>NO SPECIAL FUNCTION</b> | Emergency Motor Vehicle Use<br><b>NOT APPLICABLE</b> |                                |
|                | Traffic Way<br><b>TWO-WAY, NOT DIVIDED</b>                          |   | Traffic Control<br><b>STOP SIGN</b>            | Traffic Control Inoperative/Missing<br><b>NO</b>     |                                |
|                | Surface Type<br><b>BLACKTOP (BITUMINOUS)</b>                        |   | Road Curvature<br><b>STRAIGHT</b>              | Road Grade<br><b>LEVEL</b>                           |                                |
|                | Truck Bus or HazMat<br><b>NO</b>                                    |   |  |  |                                |

|                |                   |   |                                       |                     |   |
|----------------|-------------------|---|---------------------------------------|---------------------|---|
| <b>UNIT 01</b> | <b>VEHICLE 01</b> | <b>Vehicle</b>  |                                       |                     |   |
|                |                   | License Plate Number<br><b>WB9BPS</b>                     | Plate Type<br><b>AUT - AUTOMOBILE</b> | St<br><b>WI</b>     | Country of Issuance<br><b>UNITED STATES</b> |
|                |                   | Vehicle Identification Number<br><b>JTDKARFU0J3546253</b> | Make<br><b>TOYOTA</b>                 | Year<br><b>2018</b> | Model<br><b>PRIUS</b>                       |
|                |                   | Color<br><b>RED - RED</b>                                 | Body Style<br><b>HB - HATCHBACK</b>   | Bus Use             |   |
|                |                   | Initial Contact Point<br><b>12 - FRONT</b>                | Vehicle Damage                        |                     |   |
|                |                   | Extent Of Damage<br><b>MINOR DAMAGE</b>                   | <b>12 - FRONT</b>                     |                     |   |



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(608) 356-4895

|   |            |  |  |  |                      |  |  |
|---|------------|--|--|--|----------------------|--|--|
| UNIT  | VEHICLE    | Towed Due To Damage<br><b>NOT TOWED</b>                                  | Vehicle Removed By<br><b>OPERATOR</b>  |  |                      |  |  |
|   |            | What Driver Was Doing<br><b>GOING STRAIGHT</b>                           | Vehicle Factors  |  |                      |  |  |
|   |            | Driver Prior Action Other  | <b>NOT APPLICABLE</b>  |  |                      |  |  |
|   |            | Driver Actions<br><b>FOLLOWING TOO CLOSE</b>                             |  |  |                      |  |  |
| 01  | 01         | Owner Name<br><b>THOMAS LUCK</b><br>(608) 493-3477                       | Owner Address<br><b>S7659 EAGLE POINT DR</b><br><b>MERRIMAC, WI 53561 , US</b> |  |                      |  |  |
| <b>Sequence Of Events</b>                     |            |  |  |  |                      |  |  |
| UNIT  | INDIVIDUAL | 01   | Event<br><b>MOTOR VEH IN TRANSPORT</b>   |  |                      |  |  |
|   |            | 02   | Event  |  |                      |  |  |
|   |            | 03   | Event  |  |                      |  |  |
|   |            | 04   | Event  |  |                      |  |  |
| <b>Policy Holder</b>                          |            |  |  |  |                      |  |  |
| UNIT  | INDIVIDUAL | Insurance Company<br><b>SECURA-INS-CO</b>                                |  | Individual<br><b>THOMAS LUCK</b>                               |                      |  |  |
|   |            | Driver<br><b>THOMAS LUCK</b><br>(608) 493-3477                           |  | Citations Issued<br><b>1</b>                                   | Sex<br><b>MALE</b>   |  |  |
|   |            | Address<br><b>S7659 EAGLE POINT DR</b><br><b>MERRIMAC, WI 53561 , US</b> |  | Date of Birth  | Race<br><b>WHITE</b> |  |  |
|   |            | Driver License Number  |  |  |                      |  |  |
| 01  | 001        | <b>Safety Equipment</b>  |  | On Duty Crash  |                      |  |  |
|   |            | Row<br><b>01 - FRONT ROW</b>   |  | Seat Position<br><b>07 - LEFT</b>                              |                      |  |  |
|   |            | Safety Equipment<br><b>SHOULDER &amp; LAP BELT</b>                       |  | Helmet Use   |                      |  |  |
|   |            | Helmet Compliance  |  | Eye Protection   |                      |  |  |
|   |            | Tint Compliance  |  | Injury<br><b>Injury</b>  |                      |  |  |
|   |            | Injury Severity<br><b>NO APPARENT INJURY</b>                             |  | Airbag<br><b>NON DEPLOYED</b>                                  |                      |  |  |
|   |            | Ejected<br><b>NOT EJECTED</b>  |  | Ejection Path<br><b>NOT EJECTED/NOT APPLICABLE</b>             |                      | Trapped/Extricated<br><b>NOT TRAPPED</b> |  |
|   |            | Medical Transport<br><b>NOT TRANSPORTED</b>                              |  | EMS Agency Identifier  |                      | EMS Run #                                |  |
|   |            | Hospital   |  | Date of Death  |                      | Time of Death                            |  |
|   |            | <b>Distracted By</b>   |  | Distracted By Source<br><b>NOT APPLICABLE (NOT DISTRACTED)</b> |                      |  |  |
| Distracted By Action<br><b>NOT DISTRACTED</b> |            |  |  |  |                      |  |  |

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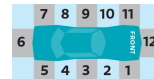
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|      |            |  |                         |                                     |  |                                 |  |
|------|------------|--|-------------------------|-------------------------------------|--|---------------------------------|--|
| UNIT | INDIVIDUAL | <b>Non Motorist</b>                            |                         | Striking Unit #                     | Location   |                                 |  |
|      |            | Prior Action                                   |                         |                                     |  |                                 |  |
|      |            | Action   |                         |                                     |  |                                 |  |
|      |            | Action Other                                   |                         |                                     |  |                                 |  |
|      |            | To/From School                                 |                         |                                     |  |                                 |  |
|      |            | <b>Drug &amp; Alcohol</b>                      |                         | Suspected Alcohol Use<br><b>NO</b>  |  | Suspected Drug Use<br><b>NO</b> |  |
|      |            | Alcohol Test Given<br><b>TEST NOT GIVEN</b>    |                         | Alcohol Test Type                   |  | Alcohol Test Results            |  |
|      |            | Drug Test Given<br><b>TEST NOT GIVEN</b>       |                         | Drug Test Type                      |  | Drug Test Results               |  |
|      |            | Drug Type                                      |                         |                                     |  |                                 |  |
|      |            | Individual Condition<br><b>APPEARED NORMAL</b> |                         |                                     |  |                                 |  |
| 01   | 001        | <b>Violations</b>                              |                         |                                     |  |                                 |  |
|      |            | UTC Number<br><b>BK261540</b>                  | Issue To?<br><b>001</b> | Statute Number<br><b>346.14(1m)</b> | Description<br><b>AUTOMOBILE FOLLOWING TOO CLOSELY</b> |                                 |  |

**Unit Summary**

|   |    |  |    |   |  |   |                            |  |   |
|---|----|--|----|---|--|---|----------------------------|--|---|
| UNIT  | 02 | Unit Status<br><b>IN TRANSIT</b>                     |    | Vehicle Operating As Classification<br><b>D CLASS</b> |  | Unit Type<br><b>AUTOMOBILE</b>                                      |                            |  |   |
|   |    | Vehicle Type<br><b>PASSENGER CAR</b>                 |    |   |  | Operating As Endorsements   |                            |  |   |
|   |    | Total Occs<br><b>2</b>                               |    | Train/Bus # Recorded                                  |  | Total # Citations Issued<br><b>0</b>                                |                            | Total Trailers<br><b>0</b>                       |   |
|   |    | Total HazMat Types<br><b>0</b>                       |    | Insurance?<br><b>YES</b>                              |  | Direction Of Travel<br><b>EASTBOUND</b>                             |                            | <input type="checkbox"/> Pre Crash Tire Mark     |   |
|   |    | Speed Limit<br><b>55</b>                             |    | Total Lanes<br><b>2</b>                               |  | Most Harmful Event: Collision With<br><b>MOTOR VEH IN TRANSPORT</b> |                            | Special Function<br><b>NO SPECIAL FUNCTION</b>   |   |
|   |    | Emergency Motor Vehicle Use<br><b>NOT APPLICABLE</b> |    | Traffic Way<br><b>TWO-WAY, NOT DIVIDED</b>            |  | Traffic Control<br><b>STOP SIGN</b>                                 |                            | Traffic Control Inoperative/Missing<br><b>NO</b> |   |
|   |    | Surface Type<br><b>BLACKTOP (BITUMINOUS)</b>         |    | Road Curvature<br><b>STRAIGHT</b>                     |  | Road Grade<br><b>LEVEL</b>  |                            |  |   |
|   |    | Truck Bus or HazMat<br><b>NO</b>                     |    |   |  |   |                            |  |   |
|   |    | 02   | 02 | <b>Vehicle</b>  |  |   |                            |  |   |
|   |    |  |    | License Plate Number<br><b>ILAND42</b>                |  | Plate Type<br><b>AUT - AUTOMOBILE</b>                               |                            | St<br><b>IL</b>                                  | Country of Issuance<br><b>UNITED STATES</b> |
| Vehicle Identification Number<br><b>2A4RR5DG3BR612908</b> |    |  |    | Make<br><b>CHRYSLER</b>                               |  | Year<br><b>2011</b>   | Model<br><b>TOWN AND C</b> |  |   |
| Color<br><b>RED - RED</b>                                 |    |  |    | Body Style<br><b>VN - VAN</b>                         |  | Bus Use   |                            |  |   |
| Initial Contact Point<br><b>06 - REAR</b>                 |    |  |    |   |  |   |                            |  |   |



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|                    |  |  |  |                    |
|--------------------|--|--|--|--------------------|
| UNIT<br>VEHICLE    | Extent Of Damage<br><b>FUNCTIONAL DAMAGE</b>                 |  | Vehicle Damage<br><b>06 - REAR</b>                                 |                    |
|                    | Towed Due To Damage<br><b>NOT TOWED</b>                      |  | Vehicle Removed By<br><b>OPERATOR</b>                              |                    |
|                    | What Driver Was Doing<br><b>RIGHT TURN</b>                   |  | Vehicle Factors  |                    |
|                    | Driver Prior Action Other                                    |  | <b>NOT APPLICABLE</b>  |                    |
| UNIT<br>VEHICLE    | Driver Actions<br><b>NO CONTRIBUTING ACTION</b>              |  |  |                    |
|                    | Owner Name<br><b>TERRY GILLIGAN<br/>(815) 979-4346</b>       |  | Owner Address<br><b>11790 BOWEN PKWY<br/>ROSCOE, IL 61073 , US</b> |                    |
| UNIT<br>VEHICLE    | <b>Sequence Of Events</b>                                    |  |  |                    |
|                    | 01   | Event<br><b>MOTOR VEH IN TRANSPORT</b>             |  |                    |
|                    | 02   | Event  |  |                    |
|                    | 03   | Event  |  |                    |
|                    | 04   | Event  |  |                    |
| UNIT<br>VEHICLE    | <b>Policy Holder</b>   |  |  |                    |
|                    | Insurance Company<br><b>ERIE-INS-CO</b>                      |  | Individual<br><b>TERRY GILLIGAN</b>                                |                    |
|                    | <b>Individual</b>  |  |  |                    |
| UNIT<br>INDIVIDUAL | Driver<br><b>TERRY GILLIGAN<br/>(815) 979-4346</b>           |  | Citations Issued<br><b>0</b>                                       | Sex<br><b>MALE</b> |
|                    | Address<br><b>11790 BOWEN PKWY<br/>ROSCOE, IL 61073 , US</b> |  | Date of Birth  | Race               |
|                    | Driver License Number  |  |  |                    |
|                    | <b>Safety Equipment</b>                                      |  |  |                    |
| UNIT<br>INDIVIDUAL | On Duty Crash  |  | Safety Equipment   |                    |
|                    | Row<br><b>01 - FRONT ROW</b>                                 | Seat Position<br><b>07 - LEFT</b>                  | <b>SHOULDER &amp; LAP BELT</b>                                     |                    |
|                    | Helmet Use   |  | Helmet Compliance  |                    |
|                    | Eye Protection   |  | Tint Compliance  |                    |
|                    | <b>Injury</b>  | Injury Severity<br><b>NO APPARENT INJURY</b>       | Airbag<br><b>NON DEPLOYED</b>                                      |                    |
|                    | Ejected<br><b>NOT EJECTED</b>                                | Ejection Path<br><b>NOT EJECTED/NOT APPLICABLE</b> | Trapped/Extricated<br><b>NOT TRAPPED</b>                           |                    |
|                    | Medical Transport<br><b>NOT TRANSPORTED</b>                  |  | EMS Agency Identifier  | EMS Run #          |
| Hospital           |  | Date of Death                                      | Time of Death  |                    |

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|   |   |   |
|---|---|---|
| UNIT  | <b>Distracted By</b> <small>Distracted By Source</small><br>NOT APPLICABLE (NOT DISTRACTED) |   |
|   | <small>Distracted By Action</small><br>NOT DISTRACTED                                       |   |
|   | <b>Non Motorist</b>   | <small>Striking Unit #</small><br><small>Location</small> |
|   | <small>Prior Action</small>   |   |
|   | <small>Action</small>   |   |
|   | <small>Action Other</small>   |   |
|   | <small>To/From School</small>   |   |
|   | <b>Drug &amp; Alcohol</b>   | <small>Suspected Alcohol Use</small><br>NO                |
|   |   | <small>Suspected Drug Use</small><br>NO                   |
|   |   | <small>Alcohol Test Given</small><br>TEST NOT GIVEN       |
|   | <small>Alcohol Test Type</small>  |   |
|   | <small>Alcohol Test Results</small>   |   |
|   | <small>Drug Test Given</small><br>TEST NOT GIVEN  |   |
|   | <small>Drug Test Type</small>   |   |
|   | <small>Drug Test Results</small>  |   |
|   | <small>Drug Type</small>  |   |
|   | <small>Individual Condition</small><br>APPEARED NORMAL                                      |   |
| UNIT  | <b>Individual</b>   |   |
|   | <small>Passenger</small><br>CHERI GILLIGAN<br>(815) 979-4561                                | <small>Citations Issued</small><br>0                      |
|   |   | <small>Sex</small><br>FEMALE                              |
|   |   | <small>Date of Birth</small>                              |
|   |   | <small>Race</small>                                       |
|   | <small>Address</small><br>11790 BOWEN PKWY<br>ROSCOE, IL 61073 , US                         | <small>Driver License Number</small>                      |
|   | <b>Safety Equipment</b>   | <small>On Duty Crash</small><br>EMT/FIRST-RESPONDER       |
|   |   | <small>Safety Equipment</small><br>SHOULDER & LAP BELT    |
|   | <small>Row</small><br>01 - FRONT ROW  | <small>Seat Position</small><br>09 - RIGHT                |
|   | <small>Helmet Use</small>   | <small>Helmet Compliance</small>                          |
| <small>Eye Protection</small>                       | <small>Tint Compliance</small>  |   |
| <b>Injury</b>                                       | <small>Injury Severity</small><br>NO APPARENT INJURY  |   |
|   | <small>Airbag</small><br>NON DEPLOYED   |   |
| <small>Ejected</small><br>NOT EJECTED               | <small>Ejection Path</small><br>NOT EJECTED/NOT APPLICABLE                                  |   |
|   | <small>Trapped/Extricated</small><br>NOT TRAPPED  |   |
| <small>Medical Transport</small><br>NOT TRANSPORTED | <small>EMS Agency Identifier</small>  |   |
|   | <small>EMS Run #</small>  |   |
| <small>Hospital</small>                             | <small>Date of Death</small>  |   |
|   | <small>Time of Death</small>  |   |
| <b>Distracted By</b>                                | <small>Distracted By Source</small>   |   |

Wisconsin Motor Vehicle Crash  
Form DT4000

This report does not include any CJIS data.  
6 of 7

Crash Date 10/06/2024  
Crash Time 03:36 PM

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|      |  |   |                                    |                                 |
|------|--|---|------------------------------------|---------------------------------|
| UNIT | Distracted By Action                           |   |                                    |                                 |
|      | INDIVIDUAL                                     | <b>Non Motorist</b>                         | Striking Unit #                    | Location                        |
|      |  | Prior Action                                |                                    |                                 |
|      | Action   |   |                                    |                                 |
|      | Action Other                                   |   | To/From School                     |                                 |
|      | 02<br>003                                      | <b>Drug &amp; Alcohol</b>                   | Suspected Alcohol Use<br><b>NO</b> | Suspected Drug Use<br><b>NO</b> |
|      |  | Alcohol Test Given<br><b>TEST NOT GIVEN</b> | Alcohol Test Type                  | Alcohol Test Results            |
|      |  | Drug Test Given<br><b>TEST NOT GIVEN</b>    | Drug Test Type                     | Drug Test Results               |
|      |  | Drug Type                                   |                                    |                                 |
|      | Individual Condition<br><b>APPEARED NORMAL</b> |   |                                    |                                 |