

6TL0F3SSHM
25-00627

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

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Document Number Override		Primary Crash Document #	Agency Crash Number 25-00627	Investigating Officer/Deputy DEPUTY A. KING	
Crash Date 01/22/2025		Crash Time 07:01 AM	Date Arrived 01/22/2025	Time Arrived 07:16 AM	
Date Notified 01/22/2025		Time Notified 07:02 AM	Total Units 01	Total Injured 00	Total Killed 00
<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 NO		Tags	
<input type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

<p>Diagram</p>	Reconstruction By
	Photos By
	Additional Information NONE

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

U1 WAS EASTBOUND ON HY14 WHEN THE OPERATOR ADMITTED TO DOZING OFF AND ENTERED THE SHOULDER AND STRUCK A MAILBOX. OPERATOR OF U1 STATED HE THEN PARTIALLY ENTERED THE DITCH AND RE-ENTERED THE HIGHWAY AND CAME TO STOP. OPERATOR OF U1 DENIED ANY INJURIES AND DID NOT WANT AN AMBULANCE. OPERATOR OF U1 STATED THERE WAS SELF HELP ON THE WAY. PROPERTY OWNER OF THE MAILBOX REQUESTED NO CITATION TO BE ISSUED FOR THE DAMAGE TO HER MAILBOX.

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Location

ON USH14 EB 1310 FT W OF DYKE RD IN THE TOWN OF SPRING GREEN IN SAUK COUNTY	Latitude 43.189693401	Longitude -90.138237352
	X Coordinate 244987.5	Y Coordinate 4786662.5
	Structure Type	

Crash Scene

First Harmful Event MAILBOX	First Harmful Event Location ROADSIDE	
Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT	Light Condition DAYLIGHT	
Road Surface Condition(s) DRY	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) CLEAR		
Animal Type	Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY	Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land	Access Control NO CONTROL	Special Study
Within Interchange Area NO	Junction Location NON-JUNCTION	Intersection Type NOT AN INTERSECTION

Unit Summary

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

UNIT	Vehicle				
	VEHICLE	License Plate Number SU1545	Plate Type LTK	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 2GCEK19C171641305	Make CHEV	Year 2007	Model SILVERADO
		Color WHI - WHITE	Body Style PK - PICKUP		Bus Use
	Initial Contact Point 01 - RIGHT FRONT CORNER	Vehicle Damage 01 - RIGHT FRONT CORNER			
	Extent Of Damage MINOR DAMAGE				

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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions FAILED TO KEEP IN DESIGNATED LANE			
01	Owner Name DONALD PINKHAM		Owner Address 27398 PAULS HILL DR RICHLAND CENTER, WI 53581 , US	
	Sequence Of Events			
01 02 03 04	Event MAILBOX			
	Event DITCH			
	Event			
	Event			
UNIT	Policy Holder			
	Insurance Company AMERICAN-FAMILY-INS-CO		INDIVIDUAL DONALD PINKHAM	
UNIT INDIVIDUAL	Individual			
	DRIVER JACOB PINKHAM		Citations Issued 0	Sex MALE
			Date of Birth	Race WHITE
	Address 27398 PAULS HILL DR RICHLAND CENTER, WI 53581 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
01 001	Safety Equipment		On Duty Crash	
			Safety Equipment	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	Injury		Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED
Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED
Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #
Hospital		Date of Death		Time of Death
Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		
Distracted By Action NOT DISTRACTED				

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UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location			
		Prior Action						
		Action						
	Action Other						To/From School	
	01	001	Drug & Alcohol		Suspected Alcohol Use NO		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	
			Drug Type					
			Individual Condition APPEARED NORMAL					
	Property Owner							
PROP OWNER	01	INDIVIDUAL STACI MCFARLAND-SPRECHER				Address E3447 US HIGHWAY 14 AND 60 SPRING GREEN, WI 53588 , US		
		Fixed Objects Struck						
01	Striking Unit 01		Struck Object MAILBOX			Structure Number	Damage Tag Number	