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 25-01434	Investigating C SERGEANT	Officer/Deputy T E. KNULL		
-1	Crash Date 02/15/2025	Crash Time 07:07 AM	Date Arrived 02/15/2025	Time Arrived 07:32 AM			
E	Date Notified	Time Notified	Total Units	Total Injured	Total Killed		
5	02/15/2025	07:07 AM	01	00	00		
6TL0F51TL	On Emergency	and Run		✓ Trailer of	or Towed Reporting Threshold		
6T	Government Property	Active School Zone	School Bus Related	Tags			
	Reportable	Crash Type DT4000 (STANDARD CRASH	ł)	Amende	d Secondary Crash		
I	Description						
	Diagram				Reconstruction By		
				1	Photos By		
	NO DAMAGE F	PULL OUT ONLY		_			
				Í	Additional Information NONE		
	✓ I, a sworn law enforcement	nt officer, agree that I have no	ot added any CJIS data in th	nis report.			
					ND PULLED OUT. NO DAMAGE AND NO		

Crash Date 02/15/2025 Crash Time 07:07 AM

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L	_oc	ation 🛛 🗖										
Ī	ON STH33 WB					Latitude				Longitude		
	0.40 MI W						25578		-89.678519929			
		DF JOHNSON RD N THE TOWN OF GREENFIELD N SAUK COUNTY					ate		Y Coordinate			
							283360.8125			4816975.5		
					Structure Type NO STRUCTURE							
1	^r ra	sh Scene				no on	COTONE					
		Harmful Event				Eirct Horm	nful Event L	opation				
	DIT											
ł		ner of Collision				SHOULDER RIGHT Light Condition						
			HICLE IN TRANSPORT		DAYLIGHT							
ł		d Surface Condition(s)				Roadway						
		SNOW					()					
ł	Envi	ronment Factor(s)				_						
	WE	ATHER CONDITIONS				ROAD S	URFACE	CONDITION	(WET, ICY,	SNOW, SLUSH,		
ł	Wea	ther Condition(s)				-,						
	SNC	w										
ł	Anim	nal Type					o Trafficwa					
ļ	Cros	h Classification - Location						OT ON ROA	D			
		BLIC PROPERTY										
Ī	Triba	al Land				Access Control Special Study NO CONTROL						
ļ												
	NO NO	-					ection Type AN INTERSECTION					
L I	Init	t Summary										
	Unit Status Vehicle Operating As C											
				Vehicle Ope	erating As C	lassification	1	Unit Type				
Ī	Unit			Vehicle Ope	-	lassification	1	Unit Type TRUCK				
	Unit IN T Vehi	Status RANSIT cle Type			-	lassification	l	TRUCK	s Endorsemer	nts		
	Unit IN T Vehi TRU	Status TRANSIT cle Type JCK TRACTOR (SEMI		A CLASS				TRUCK Operating A				
	Unit IN T Vehi TRU	Status RANSIT cle Type	ATTACHED)	A CLASS			Total Tra	TRUCK Operating A	Total HazMa			
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Wisconsin Motor Vehicle Crash Form DT4000 This report does not include any CJIS data. 2 of 4 Crash Date 02/15/2025 Crash Time 07:07 AM

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		Towed Due To Damage TOWED BUT NOT D				icle Remov							
		What Driver Was Doing	UE TO DIS	ABLING DAMAG		CRAIGS TOWING Vehicle Factors							
	GOING STRAIGHT												
							NOT APPLICABLE						
		Driver Actions											
	щ	SPEED TOO FAST/C											
UNIT	ū												
5	VEHICL												
	>												
		Owner Name			Owner Address								
	_	DUL TRUCKING INC (267) 844-8397					260 SENECA WAY						
	6						A 95240 ,	US					
		Sequence Of Eve	nts										
	10	Event DITCH											
	•												
	02	Event											
	-	Event											
	03	Lvent											
	_	Event											
	04												
_	Ē	Policy Holder											
UNIT	1	Insurance Company				Name							
2		UNKNOWN											
	1	Trailer/Towed											
0		Trailer Plate #	Plate Type	Make			State			ountry of Issuance			
•		4WH9990	TRL	VANR	CA				UNITED STATES				
⊢	R.	Unit Type FULL TRAILER				Y				Address 260 SENECA WAY			
UNIT	TRAILER/	Vehicle Identification Number (267) 844-8397							LODI, CA 95240 , US				
2	TR/	5V8VA5322NT200006											
		Individual											
	i i	DRIVER				Citations Issued Sex							
	_	SANJEEV KUMAR (559) 293-5221			0 Date of Birth			MALE					
	M						Race						
E	INDIVIDUAI												
UNIT	≥ I	Address 5301 N VALENTINE AVE 118 FRESNO, CA , US			Driver License Number								
	ž												
		Or	n Duty Crash		Safety Equipment								
	Safety Equipment												
	Row Seat Position					SHOULDER & LAP BELT							
		01 - FRONT ROW	07	7 - LEFT									
		Helmet Use			н	elmet Con	npliance						
		Eye Protection			Tint Compliance								
					1"	int Complia	ante						
-	T S Injury Severity												
5	Ejected Ejection Path					Airbag NON DEPLOYED							
										Trapped/Extricated			
	_	NOT EJECTED	NOT	EJECTED/NOT APF	LIC	ABLE				NOT TRAPPED			

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	Medical Transport					EMS Agency Identifier				EMS Run #			
		NOT TRANSPORTED											
	Hospital					Date of Death				Time of Death			
		Distracted By No	stracted By S	Source CABLE (NC	T DISTRAC	 ;TED)							
Distracted By Action NOT DISTRACTED													
	Non Motorist												
Prior Action													
		Action											
⊢	UAL												
	NDIVIDUA												
	IN												
		Action Other								To/From Schoo		To/From School	
	L	Drug & Alcohol NG	Ispected Alc	cohol Use		Suspece NO	cted Drug Use						
		Alcohol Test Given Alcohol Test Type				e Alcohol Test Results							
		TEST NOT GIVEN											
		Drug Test Given Drug Test Type TEST NOT GIVEN				Drug Test Results							
2	001	Drug Type											
		Individual Condition											
		APPEARED NORMAI	L										
	(Carrier					Source						
		Use Vehicle Owner Same as Carrier				Source DRIVER							
2	01	Name IDL TRUCKING INC				Address 260 SENECA WAY							
		USDOT# 3160317				LODI, CA 95240 , US							
	s	GVWR	Veh	nicle Configur	ation	Cargo Body Ty				o Body Type	Туре		
LIND	BUS	MORE THAN 26,000 LB TRUCK TRACTOR/SEMI-TR					AILER NO			IO CARGO BODY - (BOBTAIL, LIGHT MOTOR			
5	US DOT # Carrier Type 3160317 INTERSTATE CARRIER								Permitted Load NOT APPLICABLE				
	TRUCK	OS/OW Load	Permit Num		Peri		a Route D By Permit			scort Vehicle Present			
	Measured Height Measured Length						Measured Width Measured Weight						