

6TL09PBQD3

20-01047

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 20-01047		Investigating Officer/Deputy DEPUTY B. STODDARD	
Crash Date 01/28/2020		Crash Time 08:10 AM		Date Arrived 01/28/2020		Time Arrived 08:33 AM	
Date Notified 01/28/2020		Time Notified 08:10 AM		Total Units 02		Total Injured 01	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 checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended		<input type="checkbox"/> Secondary Crash	

Description

<p>Diagram</p> <p>Not to Scale</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.

UNIT 1 WAS NORTHBOUND ON STH 23. UNIT 2 WAS SOUTHBOUND ON STH 23. UNIT 1 DRIFTED INTO THE SOUTHBOUND LANE OF TRAVEL. UNIT 1 STRUCK UNIT 2 IN THE SOUTHBOUND LANE OF TRAVEL.

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Location

INTERSECTION ON STH23 EB AT HORSESHOE RD IN THE TOWN OF SPRING GREEN IN SAUK COUNTY	Latitude 43.220956623	Longitude -90.073362172
	X Coordinate 250387.203125	Y Coordinate 4789939
	Structure Type	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 06 - SIDESWIPE/OPPOSITE DIRECTION	Light Condition DAYLIGHT	
Road Surface Condition(s) DRY	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) CLOUDY		
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 INTERSECTION-RELATED	Intersection Type T-INTERSECTION

Unit Summary

UNIT 01	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 NORTHBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 55	Total Lanes 2
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		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 UPHILL	
	Truck Bus or HazMat NO				
	UNIT 01	Vehicle			
License Plate Number RX8964		Plate Type LTK - LIGHT TRUCK	St WI	Country of Issuance UNITED STATES	
Vehicle Identification Number 1FTSW21P45ED26506		Make FORD	Year 2005	Model F250	
Color RED - RED		Body Style PK - PICKUP		Bus Use	
Initial Contact Point 11 - LEFT FRONT CORNER		Vehicle Damage			
Extent Of Damage DISABLING DAMAGE		10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT			

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UNIT VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By FOURWAY TOWING		
	What Driver Was Doing LEFT TURN		Vehicle Factors NOT APPLICABLE		
	Driver Prior Action Other				
	Driver Actions LOOKED BUT DID NOT SEE				
01	Owner Name JT CULTIVATION INC (608) 438-7680		Owner Address S11440 BUTTERNUT RD SPRING GREEN, WI 53588 , US		
	Sequence Of Events				
01	01	Event MOTOR VEH IN TRANSPORT			
	02	Event			
	03	Event			
	04	Event			
UNIT	Policy Holder				
	Insurance Company PROGRESSIVE-ADVANCED-INSURANCE-CO		Individual JUSTIN TAFS		
UNIT INDIVIDUAL	Individual				
	Driver JUSTIN J TAFS (608) 438-7680		Citations Issued 0	Sex MALE	
	Address S11440 BUTTERNUT RD SPRING GREEN, WI 53588 , US		Date of Birth	Race WHITE	
			Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
01	001	Safety Equipment		On Duty Crash	
		Safety Equipment SHOULDER & LAP BELT			
	Row 01 - FRONT ROW		Seat Position 07 - LEFT		
	Helmet Use		Helmet Compliance		
	Eye Protection		Tint Compliance		
	001	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		
001	Distracted By				
	Distracted By Source OTHER DISTRACTION (ANIMAL, FOOD, GROOMING)				
001	Distracted By Action OTHER ACTION (LOOKING AWAY FROM TASK ETC)				

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UNIT 01 001	INDIVIDUAL	Non Motorist		Striking Unit #	Location		
		Prior Action					
		Action					
		Action Other					To/From School
	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						

Unit Summary

UNIT 02	VEHICLE	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE		
		Vehicle Type PASSENGER CAR					Operating As Endorsements	
		Total Occs 3	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0		
		Insurance? YES	Direction Of Travel SOUTHBOUND	<input checked="" type="checkbox"/> Pre CrashTire Mark	Speed Limit 55	Total Lanes 2		
		Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		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 DOWNHILL		
		Truck Bus or HazMat NO						
		Vehicle						
		License Plate Number 949YRN		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES		
Vehicle Identification Number 1HGES15533L016174		Make HONDA	Year 2003	Model CIVIC LX				
Color SIL - SILVER (ALUMINUM)		Body Style 4D - 4DR		Bus Use				
Initial Contact Point 11 - LEFT FRONT CORNER		Vehicle Damage 09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 14 - UNDERCARRIAGE						
Extent Of Damage DISABLING DAMAGE								
Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By FOURWAY TOWING						

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UNIT VEHICLE	What Driver Was Doing GOING STRAIGHT	Vehicle Factors	
	Driver Prior Action Other	NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION		
	Owner Name KALLAN A MAXWELL (608) 574-0917	Owner Address E4412 DAWN RD PLAIN, WI 53577 , US	
UNIT INDIVIDUAL	Sequence Of Events		
	01	Event MOTOR VEH IN TRANSPORT	
	02	Event	
	03	Event	
	04	Event	
	Policy Holder		
	Insurance Company MT-MORRIS-MUTUAL-INS-CO		Individual KALLAN MAXWELL
	Individual		
	Driver KALLAN A MAXWELL (608) 574-0917		Citations Issued 0
	Sex MALE		Date of Birth
Address E4412 DAWN RD PLAIN, WI 53577 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
UNIT INDIVIDUAL	Safety Equipment		Safety Equipment
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT
	Helmet Use		Helmet Compliance
	Eye Protection		Tint Compliance
	Injury		Injury Severity POSSIBLE INJURY
	Airbag NON DEPLOYED		
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
	Medical Transport NOT TRANSPORTED		EMS Agency Identifier
	Hospital		EMS Run #
	Date of Death		Time of Death
Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)	
Distracted By Action NOT DISTRACTED			
Non Motorist		Striking Unit #	
Location			

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UNIT	INDIVIDUAL	Prior Action		
		Action		
02	002	Action Other		To/From School
		Drug & Alcohol Suspected Alcohol Use NO Suspected Drug Use NO		
02	002	Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	Alcohol Test Results
		Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Results
02	002	Drug Type		
		Individual Condition APPEARED NORMAL		
UNIT	INDIVIDUAL	Individual		
		Passenger TYLER M MAXWELL (608) 574-0917		
02	003	Citations Issued 0	Sex	
		Date of Birth	Race	
02	003	Address E4412 DAWN RD PLAIN, WI 53577 , US	Driver License Number	
		Safety Equipment On Duty Crash Safety Equipment SHOULDER & LAP BELT		
02	003	Row 01 - FRONT ROW	Seat Position 09 - RIGHT	
		Helmet Use	Helmet Compliance	
02	003	Eye Protection	Tint Compliance	
		Injury Injury Severity NO APPARENT INJURY Airbag NON DEPLOYED		
02	003	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
		Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #
02	003	Hospital	Date of Death	Time of Death
		Distracted By Distracted By Source Distracted By Action		
02	003	Non Motorist Striking Unit # Location		
		Prior Action		

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UNIT	INDIVIDUAL	Action		
		Action Other		To/From School
02	003	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		
UNIT	INDIVIDUAL	Individual		
		Passenger ANDREW R MAXWELL (608) 574-0917	Citations Issued 0	Sex
		Address E4412 DAWN RD PLAIN, WI 53577 , US	Date of Birth	Race
		Driver License Number		
02	004	Safety Equipment On Duty Crash Safety Equipment		
		Row 02 - SECOND ROW	Seat Position 09 - RIGHT	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		
		Distracted By Action		
		Non Motorist Striking Unit #	Location	
		Prior Action		

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UNIT	INDIVIDUAL	Action			
		Action Other			To/From School
		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			
02	004	Individual Condition			
		APPEARED NORMAL			