WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	1 -			y Crash Number 100	Investigating Officer/Deputy DEPUTY B. MEARS			
X	Crash Date 10/13/2020	Crash Time 07:55 AM		Date Arrived 10/13/2020		Time Arrived 08:11 AM			
B8M7	Date Notified 10/13/2020	Time Notified 07:58 AM		Total Units 02		Total Injured 00	Total Killed		
0 0 0	On Emergency Hi	t and Run Lane Closu		ure Work Zone		Trailer or	Towed		Reporting Threshold
eTL	Government Active		chool Zone School Bus I		Bus Related	Tags			
	▼ Reportable	NDARD CRASH)		Amended			Secondary Crash	
	Dan a material and								

Description Diagram GAS PUMPS GAS PUMPS SHELL GAS STATION 995 WACHTE R AVE Photos By DEPUTY MEARS Additional Information PHOTOS WACHTER AVE STOP WACHTER AVE Reconstruction By Photos By DEPUTY MEARS Additional Information PHOTOS

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

UNIT WAS WB ON CTH B/MAIN ST APPROACHING STH 23/WACHTER AVE IN PLAIN. A MILK TRUCK WAS PARKED AT THE SHELL STATION AT THE GAS PUMPS GETTING GAS, BLOCKING THE VIEW OF THE STOP SIGN FOR WB UNITS ON MAIN ST AT THE INTERSECTION WITH WACHTER AVE. OPERATOR CONTINUED WB ACROSS WACHTER NOT STOPPING AT THE STOP SIGN. UNIT #2 WAS SOUTH BOUND ON STH 23/WACHTER AVENUE AND STRUCK THE TRUCK AS IT WAS CROSSING THE INTERSECTION. BOTH UNITS PULLED OFF THE ROADWAY, THEN CONTACTED LAW ENFORCEMENT. OCCUPANTS OF UNIT 1 SAID THEY DID NOT SEE THE STOP SIGN AS IT WAS NOT VISIBLE AND WERE NOT FROM THE AREA. PHOTOS WERE TAKEN OF THE TRUCK BLOCKING THE VIEW OF THE STOP SIGN. THERE NS WEREWERE NO INJURIES. UNIT #1 HAD DAMAGE TO A REAR RT SIDE TIRE AND A METAL BRACE MISSING FROM THE UNDERCARRAIGE, THE OPERATORS DROVE IT AWAY. UNIT 2 OPERATOR HAD MOVED INTO A LEGAL PARKING PLACE. UNIT 2 HAD HEAVY FRONT END/UNDERCARRAIGE DAMAGE. OPERATOR HAD MOVED UNIT TO A LEGAL PARKING SPACE AND WAS IN THE PROCESS OF WORKING WITH HIS INSURANCE TO HAVE IT TOWED.

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Crash Time 07:55 AM

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Crash Date 10/13/2020

Į	Location —									
Ī	ON STH23 EB				Latitude			Longitud	te	
	22 FT N				43.27890)5726		-90.044	021648	
	OF MAIN ST/ CTHB WB		X Coordinate			Y Coordinate				
	IN THE VILLAGE OF PLA		253004.84375			4796288				
	IN SAUR COUNT				Structure 7	Гуре		1		
Ĺ										
(Crash Scene 💻									
Ī	First Harmful Event	DORT			l	ful Event Lo	ocation			
ļ	MOTOR VEH IN TRANSI Manner of Collision	PORT			ON ROA					
	01 - ANGLE				DAYLIG					
ŀ	Road Surface Condition(s)				Roadway	Factor(s)				
	DRY									
-	Environment Factor(s)									
	NONE				SIGN OB	SCURED/	MISS			
-	Weather Condition(s)									
	CLEAR									
-	Animal Type				Relation T	o Trafficway	v			
					l	WAY - O	-			
	Crash Classification - Location PUBLIC PROPERTY	on			l		Jurisdiction ISDICTION			
ŀ	TribalLand				Access Control		Special Stu			
				NO CON						
	Within Interchange Area NO	Junction Location INTERSECTION		Intersection FOUR-W	n Type AY INTER	SECTION	l			
l	Unit Summary =									
Ī	Unit Status		Vehicle Ope	rating As C	lassification		UnitType			
	IN TRANSIT		D CLASS				TRUCK			
5	Vehicle Type	EDT TOUCK					Operating A	s Endorse	ments	
`	STRAIGHT TRUCK (INS	Train/Bus#Recorded	Total#Citat	iana laawad		Total Trail	ore	Total Haz	MatTypes	
	2	Train bus #Trecorded	0	ions issued		0	CIS	0	wat rypes	
ŀ	Insurance?	Direction Of Travel	Pre 0	CrashTire		Speed Lin	nit	TotalLan	es	
<u>.</u>	YES	WESTBOUND		Mark	25		02			
	Most Harmful Event: Collision MOTOR VEH IN TRANSI		Special Fun NO SPECI		TION		Emergency Motor Vehicle Use NOT APPLICABLE		icle Use	
}	Traffic Way	FURI	Traffic Cont				Traffic Control Inoperative/Missing		tive/Missina	
	TWO-WAY, NOT DIVIDE	D	STOP SIG				NO Road Grade			
Ī	Surface Type	He)	Road Curva							
-	Truck Bus or HazMat	uəj	STRAIGH	TRAIGHT LEVEL						
		MBINATION > 10,000LBS	GVWR/GCWR							
	Vehicle									
000000000000000000000000000000000000000	License Plate Number		Plate Type	POPTION	ED	St	Country of Is			
W36mm(m)	42726X Vehicle Identification N	APO - AP	PORTION	EU	WI Year	UNITED STATES				
	る 2NKHHM6X0JM188			тн мото	OR TRU	2018	Model UNK			
	Color		Body Style).E.	Bus Use			
9			INC TOA	DS - TRACTOR-TRUCK DIESEL						
	WHI - WHITE				UCK DIES	/				
		IDDLE	Vehicle Da		UCK DIES	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	Initial Contact Point		Vehicle Da	mage			CARRIAGE	:		

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		Towed Due To Damage NOT TOWED		Vehicle Removed By					
		What Driver Was Doing		OPERATOR Vehicle Factors					
		GOING STRAIGHT		versione Factors					
		Driver Prior Action Other		NOT APPLICABLE					
		Driver Actions FAILED TO YIELD RIGHT	-OE-WAY						
_	ij	FAILED TO THELD RIGHT	-OF-WA;						
INN	Ĭ								
ן ו	VEHICLE								
		Owner Name GORILLA MOVERS OF W	ISCONSIN	Owner Address 310 PROGGRESIVE WAY	7 SHITE 140				
0	5	(608) 318-6060		SUN PRAIRIE, WI 53590					
		Sequence Of Events				72.72.72.72.72.72			
	Б	Event MOTOR VEH IN TRANSPO							
	•								
	8	Event							
	3	Event							
	03								
	4	Event							
		Professional Profession							
UNIT		Policy Holder Insurance Company		Organization/Company					
בֿן בֿן		AMERICAN-FAMILY-INS-	co	GORILLA MOVERS OF WI	SCONSIN				
		ndividual							
		Driver		Citations sued	Sex				
		JEFFREY JAMES DONAL		Citations issued 0	Sex MALE				
				Citations Issued	Sex				
NIT		JEFFREY JAMES DONAL		Citations issued 0 Date of Birth	Sex MALE Race	311311311311311311311311311311311311311			
UNIT		JEFFREY JAMES DONAL (608) 318-6060 Address 1320 OKEEFE AVE 204	DSON	Citations issued 0 Date of Birth Driver License Number	Sex MALE Race WHITE				
UNIT	INDIVIDUAL	JEFFREY JAMES DONAL (608) 318-6060	DSON	Citations issued 0 Date of Birth	Sex MALE Race WHITE				
TIND		JEFFREY JAMES DONAL (608) 318-6060 Address 1320 OKEEFE AVE 204 SUN PRAIRIE, WI 53590	DSON , US	Citations Issued 0 Date of Birth Driver License Number STATE: WISCONSIN COU	Sex MALE Race WHITE				
LIND	INDIVIDUAL	JEFFREY JAMES DONAL (608) 318-6060 Address 1320 OKEEFE AVE 204	DSON , US	Citations issued 0 Date of Birth Driver License Number	Sex MALE Race WHITE				
TIND	INDIVIDUAL	JEFFREY JAMES DONAL (608) 318-6060 Address 1320 OKEEFE AVE 204 SUN PRAIRIE, WI 53590 On Duty Row	DSON , US	Citations Issued 0 Date of Birth Driver License Number STATE: WISCONSIN COU	Sex MALE Race WHITE				
UNIT	INDIVIDUAL	JEFFREY JAMES DONAL (608) 318-6060 Address 1320 OKEEFE AVE 204 SUN PRAIRIE, WI 53590 Fety Equipment Row 01 - FRONT ROW	DSON , US ·Crash	Citations issued 0 Date of Birth Driver License Number STATE: WISCONSIN COUL Safety Equipment SHOULDER & LAP BELT	Sex MALE Race WHITE				
TINO	INDIVIDUAL	JEFFREY JAMES DONAL (608) 318-6060 Address 1320 OKEEFE AVE 204 SUN PRAIRIE, WI 53590 On Duty Row	DSON , US , Crash Seat Position	Citations Issued 0 Date of Birth Driver License Number STATE: WISCONSIN COUL	Sex MALE Race WHITE				
UNIT	INDIVIDUAL	JEFFREY JAMES DONAL (608) 318-6060 Address 1320 OKEEFE AVE 204 SUN PRAIRIE, WI 53590 Fety Equipment Row 01 - FRONT ROW	DSON , US , Crash Seat Position	Citations Issued 0 Date of Birth Driver License Number STATE: WISCONSIN COUL Safety Equipment SHOULDER & LAP BELT Helmet Compliance	Sex MALE Race WHITE				
TINN	INDIVIDUAL	JEFFREY JAMES DONAL (608) 318-6060 Address 1320 OKEEFE AVE 204 SUN PRAIRIE, WI 53590 Fety Equipment Row 01 - FRONT ROW Helmet Use	DSON , US , Crash Seat Position	Citations issued 0 Date of Birth Driver License Number STATE: WISCONSIN COUL Safety Equipment SHOULDER & LAP BELT	Sex MALE Race WHITE				
	S INDIVIDUAL	JEFFREY JAMES DONAL (608) 318-6060 Address 1320 OKEEFE AVE 204 SUN PRAIRIE, WI 53590 On Duty Row 01 - FRONT ROW Helmet Use Eye Protection	DSON , US Crash Seat Position 07 - LEFT	Citations issued 0 Date of Birth Driver License Number STATE: WISCONSIN COUL Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance	Sex MALE Race WHITE				
	INDIVIDUAL	JEFFREY JAMES DONAL (608) 318-6060 Address 1320 OKEEFE AVE 204 SUN PRAIRIE, WI 53590 On Duty ety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury So	DSON , US Crash Seat Position 07 - LEFT	Citations issued 0 Date of Birth Driver License Number STATE: WISCONSIN COUL Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance	Sex MALE Race WHITE WITE WITEY: UNITED STATES				
	S INDIVIDUAL	JEFFREY JAMES DONAL (608) 318-6060 Address 1320 OKEEFE AVE 204 SUN PRAIRIE, WI 53590 On Duty Row 01 - FRONT ROW Helmet Use Eye Protection	DSON , US Crash Seat Position 07 - LEFT	Citations issued 0 Date of Birth Driver License Number STATE: WISCONSIN COUL Safety Equipment SHOULDER & LAP BELT Heimet Compliance Tint Compliance Airbag NON DEPLOYED	Sex MALE Race WHITE				
	S INDIVIDUAL	JEFFREY JAMES DONAL (608) 318-6060 Address 1320 OKEEFE AVE 204 SUN PRAIRIE, WI 53590 Pety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury So NO AP Ejected NOT EJECTED Medical Transport	DSON , US Crash Seat Position 07 - LEFT everity PARENT INJURY Ejection Path	Citations issued 0 Date of Birth Driver License Number STATE: WISCONSIN COUL Safety Equipment SHOULDER & LAP BELT Heimet Compliance Tint Compliance Airbag NON DEPLOYED	Sex MALE Race WHITE WITE Trapped/Extricated				
	S INDIVIDUAL	JEFFREY JAMES DONAL (608) 318-6060 Address 1320 OKEEFE AVE 204 SUN PRAIRIE, WI 53590 Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury So Injury NO AP Ejected NOT EJECTED Medical Transport NOT TRANSPORTED	DSON , US Crash Seat Position 07 - LEFT everity PARENT INJURY Ejection Path	Citations issued 0 Date of Birth Driver License Number STATE: WISCONSIN COUL Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED PPLICABLE EMS Agency Identifier	Sex MALE Race WHITE WHITE TRAPPED EMS Run#				
	S INDIVIDUAL	JEFFREY JAMES DONAL (608) 318-6060 Address 1320 OKEEFE AVE 204 SUN PRAIRIE, WI 53590 Pety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury So NO AP Ejected NOT EJECTED Medical Transport	DSON , US Crash Seat Position 07 - LEFT everity PARENT INJURY Ejection Path	Citations issued 0 Date of Birth Driver License Number STATE: WISCONSIN COUL Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED	Sex MALE Race WHITE WITE WITRY: UNITED STATES Trapped/Extricated NOT TRAPPED				
	S INDIVIDUAL	JEFFREY JAMES DONAL (608) 318-6060 Address 1320 OKEEFE AVE 204 SUN PRAIRIE, WI 53590 Pety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury So NO AP Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital	DSON , US Crash Seat Position 07 - LEFT everity PARENT INJURY Ejection Path NOT EJECTED/NOT AF	Citations issued 0 Date of Birth Driver License Number STATE: WISCONSIN COUL Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED PLICABLE EMS Agency Identifier Date of Death	Sex MALE Race WHITE WHITE TRAPPED EMS Run#				
	S INDIVIDUAL	JEFFREY JAMES DONAL (608) 318-6060 Address 1320 OKEEFE AVE 204 SUN PRAIRIE, WI 53590 On Duty Of Dut	DSON , US Crash Seat Position 07 - LEFT everity PARENT INJURY Ejection Path NOT EJECTED/NOT AF	Citations issued 0 Date of Birth Driver License Number STATE: WISCONSIN COUL Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED PLICABLE EMS Agency Identifier Date of Death	Sex MALE Race WHITE WHITE TRAPPED EMS Run#				
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Crash Date 10/13/2020 Crash Time 07:55 AM

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Crash Date 10/13/2020

		Non Motorist	Unit#	Location					
		Prior Action							
		Action							
_	INDIVIDUAL								
UNIT									
	Z								
		Action Other						To/From School	
		Suggest Sugget Suggest Suggest Suggest Suggest Suggest Suggest Suggest Suggest	ted Alcohol L	Inc	Suspected Drug Use				
	1	Drug & Alcohol NO	led Alcohol C	_	NO				
		AlcoholTestGiven TEST NOT GIVEN		Alcohol Test Type			Alcohol Test Results		
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results			
9	904	Drug Type							
		Individual Condition							
		APPEARED NORMAL							
		Individual							
	_	Passenger ISAAC DARYL CRAWMER	R		Citations Issued 0		Sex MALE		
-	B	(920) 344-9643			Date of Birth Race WHITE				
UNT	INDIVIDUA	Address 244 S MAIN ST			Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES				
	-	FALL RIVER, WI 53932 , I	us		STATE: WISCONSIN	COUNTRY: UNI	TED STATES		
	Sai	On Duty ety Equipment	Crash		Safety Equipment				
		Row 01 - FRONT ROW	Seat Po		SHOULDER & LAP E	BELT			
		HelmetUse			Helmet Compliance				
		Eye Protection			Tint Compliance				
5	200	Injury Se Injury NO AP	everity PARENT II	NJURY	Airbag NON DEPLOYED				
		Ejected NOT EJECTED	Ejection Pa	th CTED/NOT APPL	LICABLE		Trapped/Extricated NOT TRAPPED		
		Medical Transport NOT TRANSPORTED			EMS Agency Identifier		EMS Run#		
		Hospital			Date of Death		Time of Death		
		Distracted By	ed By Source)	<u> </u>		l		
		Distracted By Action							
		Striking	Unit#	Location					
		Non Motorist							

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		Prior Action												
		Action												
	AL													
TINO	NDIVIDUAL													
5														
	l P													
		Action Other											To/From Sch	200
													, 0,7, 1011, 007	
	1	Drug & Alcohol NO	pected A	Alcohol Us	se		NO Suspe	cted Drug Use						
		Alcohol Test Given TEST NOT GIVEN			Alcohol T	Test Typ	e				Alcohol Te	st Results		
		Drug Test Given			Drug Tes	st Type			Drug T	est Result	<u> </u> 			
	2	TEST NOT GIVEN Drug Type												
5	002	Diag Type												
		Individual Condition												
		APPEARED NORMAL												
		Darrier		61461461461461	kis rigis rigis rigis rigis r	\$*\\$*\\$*\\$*	ks: ks: ks: ks: ks:	88 *88 *88 *88 *88 *88 *88 *88 *88 *88	81881881881881	18188188188188188	\$5755755755755755		KE KE KE KE KE KE KE KE	
		Use Vehicle Owner Same as Carrier				rrier	Source VEHICLE-SIDE						a x	
10	0.1	Name					Address							
0	0	GORILLA MOVERS OF WISCONSIN USDOT# 2627768				ł	310 PROGGRESIVE WAY SUITE 140 SUN PRAIRIE, WI 53590, US							
							Cargo Body Type							
_	BUS	GVWR Vehicle Co 10,001-26,000 LBS SINGLE-			-UNIT TRUCK (2-AXLE AND			AND GVWR M	-			D BOX		
EN C		US DOT# 2627768		arrier Typ						ermitted Load OT APPLICABLE				
	TRUCK		ermit Nu		Permitted Vehicle On			Es	Escort Vehicle Required Esco			scort Vehic	le Present	
	_	Measured Height		Measur	ed Length		ermitted	Route Measured Widt	th	By P	ermit Measured V	L		.011030111
		Summary ===							161		L =			
		Status RANSIT					Vehicle Operating As Classification D CLASS				Unit Type TRUCK			
02		cle Type _ITY TRUCK/PICKUP T	RUCK								Operating /	As Endorser	nents	
	Tota	Occs		Bus#Rec	orded	- 1		ations Issued		Total Trail	ers	TotalHazi	Mat Types	
	1 Insu	ance?	Directio	on Of Tra	vel		0	CrashTire		0 Speed Lin	nit	0 Total Lane	s	
╘	YES		SOUT	HBOUN				Mark		25		2		
LNO		Harmful Event: Collision W					Special Fu NO SPE	inction CIAL FUNCTIO	ON		NOT APP	Motor Vehi	cle Use	
		ic Way					Traffic Co					trol Inoperat	ive/Missing	
		D-WAY, NOT DIVIDED ace Type					WARNIN Road Cur				NO Road Grad	e		
		CKTOP (BITUMINOUS)				STRAIG	НТ			LEVEL			
	NO	N DUS UL MAZIVIAL												

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Crash Date 10/13/2020

:	WANTED	Vehicle	NET						
		License Plate Number		Plate Type	l St	Country of Issuance			
		GA2515		LTK - LIGHT TRUCK	WI	UNITED STATES			
:		Vehicle Identification Number		Make	Year	Model			
05	6	5TFUM5F14AX013751		TOYOTA	2010	TUNDRA			
		Color DGR - GREEN, DARK		Body Style PK - PICKUP	'	Bus Use			
	Щ	Initial Contact Point		Vehicle Damage					
I≡	ರ	12 - FRONT		04 - PICUT EPONT CO	DNED 44 15	EFT FRONT CORNER, 12 - FRONT, 14 -			
UNIT	VEHICL	Extent Of Damage DISABLING DAMAGE	UNDERCARRIAGE	MHEN, III-LE	EFFERON CORNER, 12 FRONT, 14-				
		Towed Due To Damage TOWED DUE TO DISABLING	Vehicle Removed By UNKNOWN						
		What Driver Was Doing GOING STRAIGHT		Vehicle Factors					
		Driver Prior Action Other		NOT APPLICABLE					
	щ	Driver Actions NO CONTRIBUTING ACTION	ı						
UNIT	VEHIC								
	3								
		Owner Name		Owner Address					
05	02	DIRK NEUVILLE VEVEA (715) 506-0183		131557 FOUR MILE RD EDGAR, WI 54426 , US					
		Sequence Of Events		202020202020202020202020					
	5	Event MOTOR VEH IN TRANSPOR	т						
	02	Event							
	8	Event							
	26	Event							
 -		Policy Holder							
UNIT		Insurance Company		Individual					
_		AMERICAN-FAMILY-INS-CO		DIRK VEVEA					
		Individual							
		Driver		Citations Issued		Sex			
	4	DIRK NEUVILLE VEVEA (715) 506-0183		0		MALE			
⊨	INDIVIDUAL	(1.10)000 0.00		Date of Birth		Race WHITE			
F	2	Address		Driver License Number		•			
_	Z	131557 FOUR MILE RD EDGAR, WI 54426 , US		STATE: WISCONSIN COUNTRY: UNITED STATES					
	Saf	On Duty Cr	ash	Safety Equipment					
		Row	Seat Position	SHOULDER & LAP E	BELT				
		01 - FRONT ROW HelmetUse	07 - LEFT	Helmet Compliance					
	30051850H			Tint Compliance					
	Saf	Row 01 - FRONT ROW		SHOULDER & LAP E	BELT				
		Eye Protection							

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05	Injury Severity NO APPARENT INJURY			Airbag DEPLOYED-FRONT					
		Ejected NOT EJECTED	Ejection Path NOT EJECTED		ICABLE		Trapped/Extricated NOT TRAPPED		
		MedicalTransport NOT TRANSPORTED			EMS Agency Identifier		EMS Run#		
		Hospital			Date of Death		Time of Death		
	1	Distracted By NOT	cted By Source APPLICABLE (NO	OT DISTRAC	CTED)				
		Distracted By Action NOT DISTRACTED							
		Non Motorist Striking	g Unit# Loca	ition					
		Prior Action	•						
		Action							
_	UAL								
UNIT	INDIWIDUAL								
	INI								
		Action Other						To/From School	
	1	Drug & Alcohol No	cted Alcohol Use		Suspected Drug Use NO				
		Alcohol Test Given TEST NOT GIVEN	Alco	hol Test Type			Alcohol Test Results		
		Drug Test Given TEST NOT GIVEN	Drug	TestType		Drug Test Results			
05	003	Drug Type							
		Individual Condition							
		APPEARED NORMAL							