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		g Officer/Deputy . MUELLER	1	
	Crash Date 01/26/2021	Crash Time 12:01 PM				Time Arrived	Time Arrived		
	Date Notified 01/26/2021	Time Notified 12:01 PM		Total U	nits	Total Injured	Total Killi	ed	
	On Emergency Hi	it and Run	Lane Clos	ure	☐ Work Zone	Trailer	or Towed	Reporting Threshold	
,	Government Property	L	chool Zone	School NO	Bus Related	Tags			
	▼ Reportable	Crash Type DT4000 (STA	ANDARD CRASI	H)		Amend	led	Secondary Crash	
İ	Description Diagram						l n		
	uagram i	NOT	TO SCALE				Reconstruction	on By	
							Photos By JSABOL		
					Dalland Dr.		Additional Info PHOTOS	ormation	
	PLO'	WTRUCK				A STATE OF THE STA			
	\								
					Paris de la companya della companya				
		4	2):((
	UDI NE								
				r,					
	S								
	I, a sworn law enforceme	ent officer, agr	ee that I have n	ot added	d any CJIS data in th	is report.			
	UNIT 1, A PLOW TRUCK, WAS REI LANES DIRECTION OF TRAVEL. U	JNIT 2 TURNED OF							
I	DRIVER OF UNIT 1 SAID HE DIDN'	// SEE UNIT 2.							

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Crash Date 01/26/2021

	Location =									
	ON BALLWEG DR				Latitude			Longitud	te	
	66 FT N	43.271581582			_	296928				
	OF USH12 EB	X Coordin	ate		Y Coord	inate				
	IN THE TOWN OF PRA	IRIE DU SAC	276325.4375 4794663.5							
			Structure NO STRI			•				
					NOSIN	OCTORE				
	Crash Scene									
	First Harmful Event					ful Event Lo	cation			
	MOTOR VEH IN TRANS Manner of Collision	SPURI			ON ROA					
	05 - REAR TO SIDE	Light Cond DAYLIGI								
	Road Surface Condition(s)				Roadway	Factor(s)				
	SNOW									
	Environment Factor(s)									
	NONE				NONE					
	Weather Condition(s)									
	CLEAR									
	Animal Type					o Trafficway				
	Crash Classification - Loca	tion				CWAY - ON				
	PUBLIC PROPERTY	uori			Crash Classification - Jurisdiction NO SPECIAL JURISDICTION					
	Tribal Land					Access Control			Special Study	
	Within Interchange Area	Junction Location		Intersection	NO CON	TROL				
	NO	INTERSECTION-RELAT	ED	I		RSECTION				
	Unit Summary •									
	Unit Status		Vehicle Ope	erating As Cl	assification		Unit Type			
	IN TRANSIT		C CLASS		TRUCK					
10	Vehicle Type		•				Operating As Endorsements			
0	SNOW PLOW	15 15 15 15			15.15.1		 lers Total HazMat Types			
	Total Occs	Train/Bus#Recorded	Total#Citat	tions Issued		Total Traile	ers	l otal Haz	Mat Types	
	Insurance?	Direction Of Travel		CrashTire		Speed Lim	nit	TotalLan	 es	
⊨	YES	EASTBOUND		Mark	,		2			
	Most Harmful Event: Collisi		Special Fun	nction	rioN.	•	Emergency Motor Vehicle Use NOT APPLICABLE			
_	MOTOR VEH IN TRANS	SPORT			TION		Traffic Control Inoperative/Missing NO			
	Traffic Way TWO-WAY, NOT DIVID	En	Traffic Cont							
	Surface Type		Road Curva				Road Grade			
	BLACKTOP (BITUMING	OUS)	I	UNKNOWN	DIRECT	ION	LEVEL			
	Truck Bus or HazMat									
		MBINATION > 10,000LBS (GVWR/GCWR							
	Vehicle License Plate Numbe		Diata Tura			St	Country of Is	cuanco		
	55140	4	Plate Type MUN - MI	UNICIPAL		WI	=			
	Vehicle Identification	Number	Make			Year	UNITED STATES Model			
5	S 2FZHAJBB0YAG1		STERLIN	IG INDUST	RIAL	2000	PLOW TRU	JCK		
	Color	1 .	Body Style Bus Us		Bus Use					
	ONG - ORANGE		DP - DUMP TRUCK							
⊨	Initial Contact Point 07 - LEFT REAR 0	CORNER	Vehicle Da	arriage						
LIND	Extent Of Damage		07 - LEF1	07 - LEFT REAR CORNER						
	MINOR DAMAGE	1								

6TL0D7W142

21-00748

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Crash Date 01/26/2021

	***************************************	Towed Due To Damage		Vehicle Removed By	
		NOT TOWED		OPERATOR	
		What Driver Was Doing		Vehicle Factors	
		BACKING			
		Driver Prior Action Other		NOT APPLICABLE	
LIND	VEHICLE	Driver Actions UNSAFE BACKING			
9	01	OwnerName PRAIRIE DU SAC TOWNSI (608) 643-3646	HIP	Owner Address \$9903 HWY 12 PRAIRIE DU SAC, WI 53578, US	
		L Sequence Of Events		1	
		Event			
	5	MOTOR VEH IN TRANSPO	RT		
	Ĝ	Event			
	80	Event			
	3	Event			
		Policy Holder			
UNIT		Insurance Company		Government	
5		UNION-INSURANCE-COM	PANY	PRAIRIE DU SAC TOWNSHIP	
				1. TANKE DO GAO FORMONIA	
		Individual			
		ndividual Driver		Citations issued	Sex
		Individual Driver TERRY AARON STEUBER		Citations issued 0	Sex MALE
L		ndividual Driver		Citations issued	Sex
TINO		Individual Driver TERRY AARON STEUBER		Citations issued 0	Sex MALE Race
TINO	INDIVIDUAL	Individual Driver TERRY AARON STEUBER (608) 370-2132		Citations Issued O Date of Birth	Sex MALE Race WHITE
LIND	INDIVIDUAL	Driver TERRY AARON STEUBER (608) 370-2132 Address WI On Duty	, US	Citations Issued 0 Date of Birth Driver License Number	Sex MALE Race WHITE
TINO	INDIVIDUAL	Driver TERRY AARON STEUBER (608) 370-2132 Address WI On Duty	, us	Citations Issued 0 Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UN Safety Equipment	Sex MALE Race WHITE
TINO	INDIVIDUAL	Driver TERRY AARON STEUBER (608) 370-2132 Address WI On Duty	, US	Citations Issued 0 Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UN	Sex MALE Race WHITE
LIND	INDIVIDUAL	ndividual Driver TERRY AARON STEUBER (608) 370-2132 Address WI ety Equipment Row	Crash R-HWY-MAINTENANC Seat Position	Citations Issued 0 Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UN Safety Equipment	Sex MALE Race WHITE
TINO	INDIVIDUAL	Address WI Con Duty Winter Crash R-HWY-MAINTENANC Seat Position	Citations Issued 0 Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UNI Safety Equipment SHOULDER & LAP BELT	Sex MALE Race WHITE	
	INDIVIDUAL	Individual Driver TERRY AARON STEUBER (608) 370-2132 Address WI On Duty WINTEL Row 01 - FRONT ROW Helmet Use Eye Protection Injury Se NO APE	, US Crash R-HWY-MAINTENANC Seat Position 07 - LEFT verity PARENT INJURY	Citations Issued 0 Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UNI Safety Equipment SHOULDER & LAP BELT Heimet Compliance	Sex MALE Race WHITE ITED STATES
	S INDIVIDUAL	Individual Driver TERRY AARON STEUBER (608) 370-2132 Address WI On Duty WINTE Row 01 - FRONT ROW Helmet Use Eye Protection Injury Se NO APP	, US Crash R-HWY-MAINTENANC Seat Position 07 - LEFT verity PARENT INJURY Ejection Path	Citations Issued 0 Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UN Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED	Sex MALE Race WHITE ITED STATES Trapped/Extricated
	S INDIVIDUAL	ndividual Driver TERRY AARON STEUBER (608) 370-2132 Address WI ety Equipment Row 01 - FRONT ROW HelmetUse Eye Protection Injury Se NO APE	, US Crash R-HWY-MAINTENANC Seat Position 07 - LEFT verity PARENT INJURY	Citations Issued 0 Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UNI Safety Equipment SHOULDER & LAP BELT Heimet Compliance Tint Compliance Airbag NON DEPLOYED	Sex MALE Race WHITE ITED STATES Trapped/Extricated NOT TRAPPED
	S INDIVIDUAL	Address Will Ety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Se NO APF Ejected NOT EJECTED Medical Transport	, US Crash R-HWY-MAINTENANC Seat Position 07 - LEFT verity PARENT INJURY Ejection Path	Citations Issued 0 Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UN Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED	Sex MALE Race WHITE ITED STATES Trapped/Extricated
	S INDIVIDUAL	ndividual Driver TERRY AARON STEUBER (608) 370-2132 Address WI ety Equipment Row 01 - FRONT ROW HelmetUse Eye Protection Injury Se NO APE	, US Crash R-HWY-MAINTENANC Seat Position 07 - LEFT verity PARENT INJURY Ejection Path	Citations Issued 0 Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UNI Safety Equipment SHOULDER & LAP BELT Heimet Compliance Tint Compliance Airbag NON DEPLOYED	Sex MALE Race WHITE ITED STATES Trapped/Extricated NOT TRAPPED
	S INDIVIDUAL	Address WI Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Se NO APP Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital	Crash R-HWY-MAINTENANC Seat Position 07 - LEFT Verity PARENT INJURY Ejection Path NOT EJECTED/NOT AP	Citations Issued 0 Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UNI Safety Equipment SHOULDER & LAP BELT Heimet Compliance Tint Compliance Airbag NON DEPLOYED PLICABLE EMS Agency Identifier	Sex MALE Race WHITE ITED STATES Trapped/Extricated NOT TRAPPED EMS Run#
	S INDIVIDUAL	Address WI Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Se NO APP Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital	Crash R-HWY-MAINTENANC Seat Position 07 - LEFT Verity PARENT INJURY Ejection Path NOT EJECTED/NOT AP	Citations Issued 0 Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UNI Safety Equipment SHOULDER & LAP BELT Heimet Compliance Tint Compliance Airbag NON DEPLOYED PLICABLE EMS Agency Identifier Date of Death	Sex MALE Race WHITE ITED STATES Trapped/Extricated NOT TRAPPED EMS Run#

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		Non Motorist	Striking U	Jnit#	Location							
		Prior Action										
UNIT	INDIVIDUAL	Action										
	III.	Action Other										To/From School
	ı	Drug & Alcohol	Suspecte NO	ed Alcohol U	se	Suspe NO	ected Drug Use					
		Alcohol Test Given TEST NOT GIVEN			Alcohol Test T	уре				Alcohol Test	Results	
		Drug Test Given TEST NOT GIVEN			Drug Test Typ	е		Drug ²	Test Results	3		
9	001	Drug Type										
		Individual Condition APPEARED NORM	1AL									
	1	Carrier	\$'\\$'\\$'\\$'\\$'\\$'\\$'\\$'\\$'\\$'\\$'\\$'\\$'\\$	\$1\$1\$1\$1\$1\$1\$1\$1\$1	enenenenenenenenenenenenenenenenenenen	8181818181818181818 Heterarierererere	riteriteriteriteriteriteriteriteriterite	**************************************	ertertertertertertert		**************************************	
		Use V	ehicle C	wner Sam	e as Carrier	Source						
5	01	Name					Address					
							, ,					
⊨	BUS	GVWR		Vehicle Co	onfiguration				Carg	o Body Type		
UNIT	RUCK	US DOT#		Carrier Typ	De .	Perm			nitted Load			
	TRU	OS/OW Load	WI Permit	Number					icle Required Escort Vehicle Present			
		Measured Height		Measu	red Length		Measured Wid	th		Measured We	eight	
		t Summary 🛚 🗖										
	IN T	Status 'RANSIT				Vehicle O	perating As Clas S	sification	ı	Unit Type AUTOMOE		
05		cle Type SENGER CAR								Operating As	s Endorsem	nents
	3	lOccs	Occs Train/Bus#Recorded			Total#Ci	tations Issued		Total Trail		Total HazN 0	
E	Insu	rance?		ection Of Tra RTHBOUN		Pr	e CrashTire Mark		Speed Lin	nit	Total Lane:	5
TINO		tHarmfulEvent: Collision		NG CARGO	OR ANYT	Special F NO SPE	unction CIAL FUNCTION	ON		Emergency I NOT APPL	ICABLE	
	TWO	fic Way D-WAY, NOT DIVIDI	ΕD			Traffic Co	ITROL			Traffic Control Inoperative/Missing		
	Surface Type BLACKTOP (BITUMINOUS)			Road Curvature CURVE LEFT			Road Grade LEVEL					

Crash Date 01/26/2021 Crash Time 12:01 PM

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Crash Date 01/26/2021

	Truc NO	ck Bus or HazMat						
		Vehicle	********************************		0180180180180180180			
		License Plate Number		Plate Type	St	Country of issuance		
02		822YNY		AUT - AUTOMOBILE	Wi	UNITED STATES		
		Vehicle Identification Number		Make	Year	Model		
	8	WAUENAF48HN010956		AUDI	2017	A4		
		Color WHI - WHITE		Body Style SD - SEDAN	'	Bus Use		
	Щ	Initial Contact Point		Vehicle Damage				
l⊨	VEHICLE	11 - LEFT FRONT CORNER						
IN I	Ŧ	Extent Of Damage		10 - LEFT SIDE FRONT,	, 11 - LEFT FF	RONT CORNER		
-	4	FUNCTIONAL DAMAGE						
		Towed Due To Damage		Vehicle Removed By				
		NOT TOWED		OWNER				
		What Driver Was Doing		Vehicle Factors				
		LEFT TURN		J				
		Driver Prior Action Other		NOT APPLICABLE				
		DriverActions						
l.	Щ	NO CONTRIBUTING ACTIO	N					
	VEHIC							
🗲								
	3							
		OwnerName		Owner Address	· n			
8	8	JOHN JOSEPH SHOGREN (608) 546-2120		S10717 WEIDNER R SPRING GREEN, WI				
~		(655) 545 2:25		5				
		Sequence Of Events						
	5	Event MOTOR VEH IN TRANSPOR	T					
			··-					
	8	Event						
		Frank						
	8	Event						
	8	Event						
_		Policy Holder						
		Insurance Company		Individual				
⋽		UNITED-SERVICES-AUTOM	OBILE-ASSN	JOHN SHOGREN				
		Individual						
		Driver		Citations Issued		Sex		
	4	JOHN JOSEPH SHOGREN (608) 546-2120		0		MALE		
	INDIVIDUAL	(000) 0 10 2 120		Date of Birth		Race		
I≡	9							
N N	暠	Address S10717 WEIDNER RD		Driver License Number				
	Z	SPRING GREEN, WI 53588	. US	STATE: WISCONSIN	COUNTRY: UN	NITED STATES		
		,						
		On Duty Cr	ech					
	Sai	lety Equipment	G-011	Safety Equipment				
			Cont Donition	SHOULDER & LAP BI	ELT			
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	CHOSESEN G EAR BI				
		HelmetUse	1	Helmet Compliance				
		Tioning Coo		i ismos oumphanee				

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	Eye Protection		rotection		TintCompliance					
2	Ŋ	Injury Severity			Airbag					
62	Injury Severity NO APPARENT INJURY			NJURY	NON DEPLOYED					
		Ejected Ejection Path NOT EJECTED NOT EJECTED/NOT AF			ICAB! E		Trapped/Extricated NOT TRAPPED			
		Medical Transport	NOT EVE	CTEDINOT AFTE			EMS Run#			
		NOT TRANSPORTED			EMS Agency Identifier		EWS Run#			
		Hospital			Date of Death		Time of Death			
		Distract	ted By Source	e						
		Distracted By UNKN	OWN							
		Distracted By Action UNKNOWN								
		Non Motorist Striking	Unit#	Location						
		Prior Action								
		Action								
	INDIVIDUAL									
LINI	置									
5	ã									
	Z									
		Action Other	Action Other					To/From School		
	1	Drug & Alcohol NO	ted Alcohol (Jse	Suspected Drug Use NO					
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	1		Alcohol Test Results			
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results				
05	20 5	Drug Type								
	9									
		Individual Condition								
		APPEARED NORMAL								
		lndividual								
		Passenger			Citations Issued		Sex			
		REBECCA M PICKELL			0		FEMALE			
	3				Date of Birth		Race			
Ž	INDIVIDUAL	Address			Driver License Number					
>	9	9635 CAMPTON FARMS								
	=	SAN ANTONIO, TX 78250	, US		STATE: TEXAS COUNTRY: UNITED STATES					
		On Dut	v Crash		Safety Equipment					
	Sai	fety Equipment	, O10313		Salety Equipment					
		Row 01 - FRONT ROW	Seat Po		SHOULDER & LAP E	BELT				
		HelmetUse	V3 - K1	i Gill	Helmet Compliance					
		Euo Protoctico								
		Eye Protection			Tint Compliance					

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02	8		y Severity APPARENT II	N II IDV	Airbag NON DEPLOYED				
		Ejected	Ejection Pa		NON DEPLOTED		Trapped/Extricated		
		NOT EJECTED	1 -	CTED/NOT APPL	LICABLE		NOT TRAPPED		
		Medical Transport	'		EMS Agency Identifier		EMS Run#		
		NOT TRANSPORTED			Date of Death		Time of Death		
		Hospital			Date of Death		rime or Death		
		Distracted By Distr	acted By Sourc	е					
		Distracted By Action							
		Non Motorist	ing Unit#	Location					
		Prior Action							
		Action							
_	INDIVIDUAL								
EN S	Ħ								
_	9								
		Action Other						To/From School	
					Suspected Drug Use				
	j	Drug & Alcohol NO	Suspected Alcohol Use NO						
		Alcohol Test Given		Alcohol Test Type	<u> </u>		Alcohol Test Results	ohol Test Results	
		TEST NOT GIVEN							
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results			
02	88	Drug Type							
	9								
		Individual Condition							
		APPEARED NORMAL							
		Individual							
		Passenger JOSEPH EMERSON PI	CVELL	nisnonisnonisnonisnonisnoi	Citations Issued	one ione ione ione ione ione io	Sex	***************************************	
	₹	JOSEPH EMERSON PI	CRELL		0 Date of Birth		MALE		
⊢	INDIVIDUAL				Date of Birth Race				
UNIT	₹	Address	_		Driver License Number				
_	Z	9635 CAMPTON FARM SAN ANTONIO, TX 782			STATE: TEXAS COUNTRY: UNITED STATES				
	٠,	On D	outy Crash		Safety Equipment				
	ya.	fety Equipment			SHOULDER & LAP I	RE: T			
		Row 02 - SECOND ROW	Seat Po		SHOOLDEN G EAR	DELI			
		HelmetUse			Helmet Compliance				
		Eye Protection			Tint Compliance				
05	ğ	Injury NO	y Severity APPARENT II	NJURY	Airbag NON DEPLOYED				

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000		Ejected	Ejection Path			Trapped/Extricated		
1		NOT EJECTED	NOT EJECTED/NOT APP	LICABLE		NOT TRAPPED		
		Medical Transport		EMS Agency Identifier		EMS Run#		
200		NOT TRANSPORTED						
		Hospital		Date of Death		Time of Death		
		Distracted By Distract	ted By Source					
		Distracted By Action						
		Non Motorist Striking	Unit# Location					
		Prior Action	•					
		Action						
	1 F							
_	/ 100							
LIND	INDIVIDUAL							
_	9							
	-							
		Action Other					To/From School	
		Suspec	ted Alcohol Use	Suspected Drug Use				
		Drug & Alcohol NO		NO				
		Alcohol Test Given	Alcohol Test Typ	e		Alcohol Test Results		
		TEST NOT GIVEN			T			
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results			
02	004	Drug Type						
		to divide all or a divide						
		Individual Condition						
		APPEARED NORMAL						
3		·						