

6TL0BFKDGQ

22-03340

# 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 <b>22-03340</b>	Investigating Officer/Deputy <b>DEPUTY H. VOLZ</b>	
Crash Date <b>04/12/2022</b>		Crash Time <b>07:50 AM</b>	Date Arrived <b>04/12/2022</b>	Time Arrived <b>07:58 AM</b>	
Date Notified <b>04/12/2022</b>		Time Notified <b>07:53 AM</b>	Total Units <b>02</b>	Total Injured <b>01</b>	Total Killed <b>01</b>
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input checked="" type="checkbox"/> Lane Closure	<input type="checkbox"/> Work Zone	<input type="checkbox"/> Trailer or Towed	<input checked="" type="checkbox"/> Reporting Threshold
<input type="checkbox"/> Government Property	<input type="checkbox"/> Active School Zone	School Bus Related <b>NO</b>		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

## Description

<p>Diagram</p> <p>US Highway 14</p>	Reconstruction By <b>SAUK COUNTY SHERIFF</b>
	Photos By <b>SAUK COUNTY RECONSTRUCTION TEAM</b>
	Additional Information <b>PHOTOS, RECONSTRUCTION, FATAL CRASH SUPPLEMENT</b>
<input checked="" type="checkbox"/> I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.	
<p>UNIT 1 WAS TRAVELING WESTBOUND ON USH 14. UNIT 2 WAS TRAVELING EASTBOUND ON USH 14. UNIT 1 LEFT THE LANE OF TRAVEL CROSSING THE CENTERLINE AND ENTERING THE EASTBOUND LANE. UNIT 1 WAS IN THE EASTBOUND LANE AND STRUCK UNIT 2 HEAD ON. UNIT 1 CONTINUED INTO THE SOUTH SIDE DITCH BEFORE COMING TO REST.</p>	

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**Location**

<b>ON USH14 WB 0.27 MI E OF COUNTY LINE RD IN THE TOWN OF SPRING GREEN IN SAUK COUNTY</b>	Latitude <b>43.191184415</b>	Longitude <b>-90.187076709</b>
	X Coordinate <b>241024.875</b>	Y Coordinate <b>4786978.5</b>
	Structure Type <b>NO STRUCTURE</b>	

**Crash Scene**

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>		First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>02 - FRONT TO FRONT</b>		Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>		Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>			
Weather Condition(s) <b>CLOUDY</b>			
Animal Type		Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>		Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land		Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>	
Closure Type <b>FULL CLOSURE</b>		Reasons for Closure	
Date Initial Lane/Rd Closed <b>04/12/2022</b>	Time Initial Lane/Rd Closed <b>08:02 AM</b>	<b>LAW ENFORCEMENT, TOW TRUCK, FIRE/EMS</b>	
Date All Lanes Open <b>04/12/2022</b>	Time All Lanes Open <b>11:51 AM</b>	Date Scene Cleared <b>04/12/2022</b>	Time Scene Cleared <b>12:05 PM</b>

**Unit Summary**

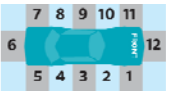
<b>UNIT</b>	<b>01</b>	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>TRUCK</b>	
		Vehicle Type <b>STRAIGHT TRUCK (INSERT TRUCK)</b>	Operating As Endorsements		
		Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>
				Total HazMat Types <b>0</b>	
		Insurance? <b>YES</b>	Direction Of Travel <b>WESTBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>55</b>
				Total Lanes <b>2</b>	
		Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>	Special Function <b>NO SPECIAL FUNCTION</b>	Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
		Traffic Way <b>TWO-WAY, NOT DIVIDED</b>	Traffic Control <b>NO CONTROL</b>	Traffic Control Inoperative/Missing <b>NO</b>	
		Surface Type <b>BLACKTOP (BITUMINOUS)</b>	Road Curvature <b>STRAIGHT</b>	Road Grade <b>LEVEL</b>	
		Truck Bus or HazMat <b>TRUCK OR TRUCK COMBINATION &gt; 10,000LBS GVWR/GCWR</b>			
	<b>Vehicle</b>				
<b>01</b>		License Plate Number <b>GD75148</b>	Plate Type <b>HTK - HEAVY TRUCK</b>	St <b>WI</b>	
		Country of Issuance <b>UNITED STATES</b>			
		Vehicle Identification Number <b>1FVACWDTXHHH20205</b>	Make <b>FREIGHTLINER CORP</b>	Year <b>2017</b>	
			Model <b>M2</b>		

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UNIT VEHICLE	Color <b>WHI - WHITE</b>	Body Style <b>TK - TRUCK</b>	Bus Use
	Initial Contact Point <b>11 - LEFT FRONT CORNER</b>	Vehicle Damage <b>01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT</b>	
	Extent Of Damage <b>DISABLING DAMAGE</b>	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	Vehicle Removed By <b>WEGNER AUTO SERVICE</b>
	What Driver Was Doing <b>GOING STRAIGHT</b>	Driver Prior Action Other	Vehicle Factors <b>NOT APPLICABLE</b>
	Driver Actions <b>UNKNOWN</b>	Owner Name <b>WILBUR-ELLIS COMPANY LLC (608) 884-9126</b>	Owner Address <b>1214 COUNTY ROAD D ALMOND, WI 53556 , US</b>
UNIT VEHICLE	<b>Sequence Of Events</b>		
	01	Event <b>CROSS CENTERLINE</b>	
	02	Event <b>MOTOR VEH IN TRANSPORT</b>	
	03	Event	
UNIT	<b>Policy Holder</b>		
	Insurance Company <b>EDGEWOOD PARTNERS INSURANCE CENTER</b>	Organization/Company <b>WILBUR-ELLIS COMPANY LLC</b>	
UNIT INDIVIDUAL	<b>Individual</b>		
	Driver <b>RICHARD SUND (608) 289-6944</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>
	Date of Birth	Race <b>WHITE</b>	
Address <b>1233 LESLIE DR EDGERTON, WI 53534 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
UNIT INDIVIDUAL	<b>Safety Equipment</b>		On Duty Crash
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>
	Helmet Use		Helmet Compliance
	Eye Protection		Tint Compliance
	<b>Injury</b>	Injury Severity <b>SUSPECTED MINOR INJURY</b>	Airbag <b>NON DEPLOYED</b>
UNIT INDIVIDUAL	Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>
	Medical Transport <b>EMS GROUND</b>	EMS Agency Identifier <b>6000150</b>	EMS Run # <b>77</b>



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UN	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>		Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>					
02	<b>Vehicle</b>					
	License Plate Number <b>842330</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
	Vehicle Identification Number <b>2T3H1RFV7LW080761</b>		Make <b>TOYOTA</b>	Year <b>2020</b>	Model <b>RAV4</b>	
	Color <b>GRY - GRAY</b>		Body Style <b>4D - 4DR</b>		Bus Use	
	Initial Contact Point <b>11 - LEFT FRONT CORNER</b>		Vehicle Damage <b>15 - ALL AREAS</b>			
	Extent Of Damage <b>DISABLING DAMAGE</b>					
	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>EVERETTS TOWING</b>			
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors <b>NOT APPLICABLE</b>			
	Driver Prior Action Other					
	Driver Actions <b>NO CONTRIBUTING ACTION</b>					
Owner Name <b>ANN SLANEY</b>		Owner Address <b>28887 BROWN CHURCH DR LONE ROCK, WI 53556 , US</b>				
01	<b>Sequence Of Events</b>					
	Event <b>MOTOR VEH IN TRANSPORT</b>					
	Event					
	Event					
02	Event					
	Event					
	Event					
	Event					
03	<b>Individual</b>					
	Driver <b>ANN SLANEY</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>		
			Date of Birth	Race <b>WHITE</b>		
	Address <b>28887 BROWN CHURCH DR LONE ROCK, WI 53556 , US</b>		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
04	<b>Safety Equipment</b>		On Duty Crash			
	Row <b>01 - FRONT ROW</b>		Seat Position <b>07 - LEFT</b>		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	

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02	002	Helmet Use		Helmet Compliance			
		Eye Protection		Tint Compliance			
		<b>Injury</b>	Injury Severity <b>FATAL INJURY</b>		Airbag <b>DEPLOYED-COMBINATION</b>		
			Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		Trapped/Extricated <b>TRAPPED/EXTRICATED</b>	
		Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier		EMS Run #	
		Hospital		Date of Death <b>04/12/2022</b>		Time of Death <b>08:55</b>	
		<b>Distracted By</b>	Distracted By Source <b>UNKNOWN</b>				
			Distracted By Action <b>UNKNOWN</b>				
		<b>Non Motorist</b>	Striking Unit #		Location		
			Prior Action				
UNIT	INDIVIDUAL	Action					
		Action Other				To/From School	
		<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>		Suspected Drug Use <b>NO</b>		
			Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type		Alcohol Test Results
		Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type		Drug Test Results	
		Drug Type					
		Individual Condition <b>NOT OBSERVED</b>					

### Witness

WITN ESS 01	Individual <b>JOLEAN LOUIS</b> (608) 553-0549		Address <b>402 N WOOD ST</b> <b>SPRING GREEN, WI 53588 , US</b>		Date of Birth

### Witness

WITN ESS 02	Individual <b>CARLA RATHMANN</b> (414) 331-9645		Address <b>20065 EFFIGY MOUNDS LN</b> <b>MUSCODA, WI 53573 , US</b>		Date of Birth

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Witness

WITN 03 ESS	Individual	Address	Date of Birth
	ZACHARY GIECK (608) 574-0964	444 E UNION ST LONE ROCK, WI 53556 , US	