22-03340

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override 6TL0BFKDGQ	, , , , , , , , , , , , , , , , , , , ,						ng Officer/Deputy H. VOLZ			
ٰ د	Crash Date 04/12/2022	Crash Time 07:50 AM		Date Ar 04/12/2		Time Arrived	d				
	Date Notified 04/12/2022	Time Notified 07:53 AM		Total Ur 02	nits	Total Injured	Total Kil	led			
֡֞֞֟֞֓֞֟֞֓֓֟֟֝֟֝֟֓֟֝֟֝֟֝֟֡֟֝֟֡֟֝	On Emergency Hit	and Run	Lane Closu	ıre	☐ Work Zone	Trailer	or Towed	Reporting Threshold			
ם ד	Government Property	Active Sc	hool Zone	School NO	Bus Related	Tags		•			
_	Reportable	Crash Type DT4000 (STA	NDARD CRASH)		Ameno	led	Secondary Crash			
Ī	Description							-			
	Diagram N DE						Photos By SAUK COU	on By INTY SHERIFF JINTY RUCTION TEAM			
	চ Not To Scale							r.wii r =riii			
		US Hig	ghway 14				Additional Int PHOTOS, F FATAL CRA	formation RECONSTRUCTION, ASH SUPPLEMENT			
					01						
			2								
		2									
	l, a sworn law enforceme	nt officer, agre	ee that I have no	ot added	l any CJIS data in thi	s report.					
	UNIT 1 WAS TRAVELING WESTBOU CENTERLINE AND ENTERING THE SOUTH SIDE DITCH BEFORE COM	EASTBOUND LAN									

INCORRECT TOW COMPANY LISTED/CORRECTED ZIP CODE

1 of 7

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Crash Date 04/12/2022

l coefier —										
Location =								_		
ON USH14 WB 0.27 MI E OF COUNTY LINE RD					Latitude 43.19118	34415		Longitud -90.187	le 076709	
IN THE TOWN OF SPE	RING GREEN				X Coordinate Y Coordinate 241024.875 4786978.5					
					Structure NO STR	• •		•		
Crash Scene										
First Harmful Event					First Harm	ful Event Lo	cation			
MOTOR VEH IN TRAN		ON ROA	DWAY							
Manner of Collision	Light Cond	dition								
02 - FRONT TO FRON	т				DAYLIGI	ΗT				
Road Surface Condition(s)				Roadway	Factor(s)				
DRY	,				,	(-)				
Environment Factor(s)										
NONE					NONE					
Weather Condition(s)										
CLOUDY										
Animal Type					Relation To Trafficway TRAFFICWAY - ON ROAD					
Crash Classification - Local PUBLIC PROPERTY	ation				Crash Classification - Jurisdiction NO SPECIAL JURISDICTION Access Control NO CONTROL Special Stud					
Tribal Land								I o		
Inbailand								Special Study		
Within Interchange Area	,				Intersection Type				l	
NO Closure Type	NON-JUNCTION		Pogs	ons for Clos	INTERSECTION					
FULL CLOSURE										
Date Initial Lane/Rd Close 04/12/2022	d Time Initial Lane/Rd Clos 08:02 AM	sed	LAW	ENFORCE	EMENT, TOW TRUCK, FIRE/EMS					
Date All Lanes Open	Time All Lanes Open		Date Scene Cleared			ed Time		e Scene Cleared		
04/12/2022	11:51 AM		l	2/2022	12:05 PM					
Unit Summary						·				
Unit Status IN TRANSIT			icle Operating As Classification Unit Type LASS TRUCK							
Vehicle Type	Vehicle Type				Operating As Endorsements					
STRAIGHT TRUCK (IN	ISERT TRUCK) Train/Bus#Recorded	Tota	1# Cita	tions Issued		Total Traile	\re	Total Haz	Mat Types	
1	Tanubus # Necolded	0	ii# Citai	ions issued		0		0	wat Types	
Insurance? YES	Direction Of Travel WESTBOUND		Pre	CrashTire Mark		Speed Lim	it	TotalLand	es	
	Most Harmful Event: Collision With		cial Fur		l		Emergency Motor Vehicle Use		icle Use	
MOTOR VEH IN TRAN	MOTOR VEH IN TRANSPORT				HON		NOT APPLICABLE Traffic Control Inoperative/Missing			
TWO-WAY, NOT DIVIDED NO			Traffic Control NO CONTROL					NO		
			d Curva RAIGH				Road Grade	÷		
Truck Bus or HazMat TRUCK OR TRUCK CO	OMBINATION > 10,000LBS G	VWR/GC	WR				l			
Vehicle							SSSSSSSSSSSS		KISTER STEELER	
License Plate Numb	er	Pla	te Type			St	Country of Is	suance		
GD75148		HT	K - HE	AVY TRU	CK	WI	UNITED ST	TATES		

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5	5	Vehicle Identification Number 1FVACWDTXHHHZ0205		Make FREIGHTLINER COR	Б	Year 2017	Model M2			
_	T	Color		Body Style		Bus Use				
		WHI - WHITE	TK - TRUCK							
_	#	Initial Contact Point 11 - LEFT FRONT CORNE	FR .	Vehicle Damage	CONC		UT CINE	7 8 9 10 11		
N	VEHICLE	Extent Of Damage		01 - RIGHT FRONT C FRONT, 10 - LEFT SI				5 17		
_	뽓	DISABLING DAMAGE	CORNER, 12 - FRON	T			5 4 2 2 3			
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By WEGNER AUTO SERVICE						
		What Driver Was Doing		Vehicle Factors						
		GOING STRAIGHT Driver Prior Action Other		NOT ARRUSARIE						
				NOT APPLICABLE						
		Driver Actions UNKNOWN								
⊨	VEHICLE	CHAROVIA								
INN	Ĭ									
	3									
		OwnerName		Owner Address						
2	5	WILBUR-ELLIS COMPAN' (608) 884-9126	1214 COUNTY ROAD D ALMOND, WI 54909 , US							
0	•	(000)0010120								
		l Sequence Of Events								
	5	Event CROSS CENTERLINE								
	8	Event MOTOR VEH IN TRANSPORT								
	60	Event								
	8	Event								
_		Policy Holder								
IN N		Insurance Company EDGEWOOD PARTNERS	Organization/Company WILBUR-ELLIS CO		LLC					
		Individual								
		Driver RICHARD DALE SUND (608) 289-6944		Citations Issued 0	Sex MAL	_				
	¥			Date of Birth	Race					
⊨	₫		WHITE							
L N N	INDIVIDUA	Address 1233 LESLIE DR EDGERTON, WI 53534 , US		Driver License Number						
	Z			STATE: WISCONSIN COUNTRY: UNITED STATES						
			_							
	Sai	On Duty fety Equipment	Crasn	Safety Equipment						
		Row Seat Position		SHOULDER & LAP BELT						
		HelmetUse		Helmet Compliance						
		Eye Protection		TintCompliance						
_		Injury S	everity	Airbag						
Σ	8	22222222222222222222222222222222222222	CTED MINOR INJURY	NON DEPLOYED						
		Ejected NOT EJECTED	NOT EJECTED/NOT AP	Trapped/Extricated PLICABLE NOT TRAPPED						

Crash Date 04/12/2022 Crash Time 07:50 AM

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		Medical Transport				gency Identifier			EMS Run#			
				60001				77				
		Hospital RICHLAND HOSP	Date o	f Death			Time of Dea	ith				
		Distracted By UNI										
		Distracted By Action UNKNOWN										
	1	Non Motorist	ing Unit#	Location								
		Prior Action		1								
:		Action										
_	UAL											
LINO	NDIVIDUAL											
	IN											
		Action Other									To/From School	
	I	Drug & Alcohol NO	pected Alc	ohol Use	Suspe NO	Suspected Drug Use NO						
		Alcohol Test Given TEST GIVEN	**			,				Alcohol Test Results PENDING		
		Drug Test Given TEST GIVEN Drug Test Ty BLOOD					Drug Te PENDI I	st Results NG				
5	001	Drug Type		•								
		Individual Condition										
		APPEARED NORMAL										
		carrier									erkerkerkerkerkerkerkerkerkerkerkerkerke	
		U se Vehic	le Owne	r Same as Carrier		Source VEHICLE-SIDE	i .					
0	0.1	Name WILBUR-ELLIS COMPANY LLC				Address 1214 COUNTY ROAD D						
		USDOT# 041539			ALMOND, WI 54909 , US							
_	BUS	GVWR 10,001-26,000 LBS	- 1	icle Configuration	-			-	Cargo Body Type NO CARGO BODY - (BOBTAIL, LIGHT MOTOR			
LIND		US DOT# 041539	Can	rier Type		Perm			mitted Load			
	TRUCK	WiPe	ermit Numl	ERSTATE CARRIEF		ehicle On	Esc		T APPLICABLE icle Required Facest Value Bracent			
	T	OS/OW Load Measured Height	IA	Measured Length	ermitted	Route L		By Pe			scort Vehicle Present	
		- 9										
ļ		t Summary 💳										
	Unit	Status RANSIT			Vehicle Op	perating As Classif	ication		UnitType AUTOMO	RII F		
02	Vehi	cle Туре			_ J_A	-			Operating A		ents	
		ORT) UTILITY VEHICLE		s#Recorded	Total#Cit	ations Issued	17	Total Traile	ers	Total HazM	latTypes	
	1				0		(0		0		

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Crash Date 04/12/2022

	Insurance? Direction Of Travel			Pre CrashTire		1 '			otal Lanes		
I⊑	UNKNOWN EASTBOUND					55	2				
UNIT	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT			Special Function NO SPECIAL FUNCTION			Emergency Motor Vehicle Use NOT APPLICABLE				
	1				Control ONTROL			Traffic Cont	Traffic Control Inoperative/Missing		
		ace Type			Curvature			Road Grade	•		
					IGHT			LEVEL			
	Truc	ck Bus or HazMat						1			
	NO										
		Vehicle									
		License Plate Number 842330			1 "			Country of issuance UNITED STATES			
:		Vehicle Identification Number		Make				Model	HIES		
02	8	2T3H1RFV7LW080761		TOYO	ATC	2020 RAV4					
		Color GRY - GRAY		1 .	Body Style Bus Use 4D - 4DR						
	Щ			Vehicl	e Damage					7 8 9 10 H	
\ <u>\</u>	ੂ	11 - LEFT FRONT CORNER		4.5	AL: ADEAS					s 12	
⊃	VEHICLE	Extent Of Damage DISABLING DAMAGE		15-4	ALL AREAS			5, 4, 3, 2, 1			
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By GEORGES AUTO BODY							
		What Driver Was Doing			le Factors						
		GOING STRAIGHT Driver Prior Action Other		NOT.	NOT APPLICABLE						
	щ	Driver Actions NO CONTRIBUTING ACTION									
ENS.	VEHICLE										
⊃	谫										
					Osumor Address						
		OwnerName ANN MARIE SLANEY		Owner Address 28887 BROWN CHURCH DR							
05	8			LONE ROCK, WI 53556 , US							
		Sequence Of Even	Is								
	5	Event									
		Event	SF OK I								
	8										
	8	Event									
	3	Event									
		Individual									
		Driver		Cita	itions Issued	Sex					
	_	ANN MARIE SLANEY		0							
	INDIVIDUAL				Date of Birth Race WHITE						
5	Ī	Address		Driv	vert icense Number	<u> </u>					
-	9	28887 BROWN CHURC LONE ROCK, WI 53556		ST	ATE: WISCONSIN	COUN	TRY- UN	ITED STATE	s		
			, ••	"					-		
I	Sa	l fety Equipment	Duty Crash	\top							

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					Safety Equipment						
		Row 01 - FRONT ROW	Seat Position		SHOULDER & LAP BELT						
		HelmetUse			Helmet Compliance						
		Eye Protection			Tint Compliance						
۱,	200	Injury Severity		Airbag							
02	8	injury _{FATAL}	NJURY		DEPLOYED-COMBI	NATION					
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT	T APF	PLICABLE		Trapped/Extricated TRAPPED/EXTRICATED				
		Medical Transport			EMS Agency Identifier		EMS Run#				
		NOT TRANSPORTED Hospital			Date of Death		Time of Death				
		11000000			04/12/2022		08:55				
		Distracted By Source UNKNOWN									
	Distracted By Action UNKNOWN										
		Non Motorist	Unit# Location								
		Prior Action									
		Action									
		Action Action									
	7										
l <u>⊨</u>	8										
EN S	INDIVIDUAL										
		Action Other						To/From School			
		Suspec	ted Alcohol Use		Suspected Drug Use						
		Drug & Alcohol NO	ed i i i i i i i i i i i i i i i i i i i		NO						
		Alcohol Test Given Alcohol Test T TEST NOT GIVEN		est Typ	ype Alcohol Tes						
		Drug Test Given TEST NOT GIVEN	Drug Test	Туре		Drug Test Result	<u>I</u> S				
8	30	Drug Type									
		Individual Condition									
		NOT OBSERVED									
1	Wit	ness 									
10	Indiv	vidual LEAN ANNA LOUIS			Address 402 N WOOD ST		i.	Date of Birth			
	1000	8) 553-0549			SPRING GREEN, WI	53588 , US	•				
WITN	L										
	Wit	ness -									
02	CA	vidual RLA JEAN RATHMANN			Address 20065 EFFIGY MOUN	IDS LN		Date of Birth			
	144	4) 331-9645			MUSCODA, WI 53573						
WITN											

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Crash Date 04/12/2022

	Witness ———————————————————————————————————								
-	Individual ZACHARY STEVEN GIECK (608) 574-0964	Address 444 E UNION ST LONE ROCK, WI 53556 , US	Date of Birth						
ģ									