WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Overri							
Docamentinamper Ovem	ide Primary Crash I	Primary Crash Document# Agency Crash Number 22-06228		Investigating Officer/Deputy DEPUTY W. NEUBAUER			
Crash Date 07/01/2022	Crash Time 04:25 PM		Arrived 1/2022	Time Arrived 04:38 PM			
Date Notified 07/01/2022	Time Notified 04:31 PM	Total	Units	Total Injured 00	Total Killed	i i	
On Emergency	Hit and Run	Lane Closure	Work Zone	▼ Trailer or '	Towed	Reporting Threshold	
Government Property	Active Sc	Active School Zone School Bus Related					
✓ Reportable	Crash Type DT4000 (STA	ANDARD CRASH)		Amended		Secondary Crash	
Description Diagram					construction		
	O SCALE			Ad	otos By ditional Infor DNE	mation	

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 07/01/2022

	Location —								
	ON CTHK NB			Latitud	е		Longi	itude	
	298 FT S			43.564	4553942		-90.0	00608265	
	OF GILES RD IN THE TOWN OF WINF	X Coor				ordinate			
	IN SAUK COUNTY		257670.734375 4827886						
			ire Type FRUCTURE						
1	Crash Scene =			,					
	First Harmful Event			FirstHa	armful Event I	Location			
	CARGO/EQUIPMENT LO	SS OR SHIFT			DADWAY				
	Manner of Collision	Light C	ondition						
	00 - NO COLLISION W/V	DAYL	IGHT						
	Road Surface Condition(s)	Roadw	ay Factor(s)						
	DRY								
	Environment Factor(s)								
	NONE			NONE					
	Weather Condition(s)								
	CLEAR								
	AnimalType				n To Trafficw	-			
					FICWAY - C				
	Crash Classification - Location -	n			Classification	-Jurisdiction			
	Tribal Land				S Control	(IODIC IIOI		Special Study	
		NO CO	NO CONTROL						
	Within Interchange Area NO	Junction Location NON-JUNCTION		NOT AN INTER	ionType I INTERSECTION				
	Unit Summary =								
	Unit Status		Vehicle Ope	rating As Classifica	tion	UnitType			
	IN TRANSIT		TRUCK						
01	Vehicle Type			Operating A	\s Endor	sements			
0	UTILITY TRUCK/PICKUI		<u> </u>				illers Total HazMat Types		
	Total Occs	Train/Bus#Recorded	Total#Citati 0	ons issued	Total Tra	ulers	0	aziviat i ypes	
	Insurance?	Direction Of Travel		CrashTire	SpeedL			anes	
<u>.</u>	YES	NORTHBOUND		Mark	55				
L N O	Most Harmful Event: Collisio	n With	Special Fun				Emergency Motor Vehicle Use NOT APPLICABLE		
_	MOTOR VEH IN TRANSI	PORT	NO SPECI	AL FUNCTION					
	Traffic Way	_	Traffic Contr			Traffic Control Inoperative/Missing		erative/Missing	
	TWO-WAY, NOT DIVIDE Surface Type	ט	NO CONTI				NO		
	BLACKTOP (BITUMINO	US)	Road Curva				Road Grade LEVEL		
	Truck Bus or HazMat	,							
	NO								
	Vehicle	KARARKARAKARAKARAKARAKARAKARA	en	en e e e e e e e e e e e e e e e e e e	cecececece				
	License Plate Number		Plate Type		St	Country of Is			
	EF3588		HT TRUCK	WI	UNITED S	TATES			
01	Vehicle Identification No. 3C6UR5DL7MG543	Make		Year	Model				
<u> </u>		542	RAM		2021	2500			
	Color RED - RED		Body Style PK - PICK	UP		Bus Use			
	Initial Contact Point		Vehicle Dai			1	I		
느	00 - NON-COLLISIO		•				7 8 9 10 11		
							6 12		
LIND	00 - NON-COLLISIO Extent Of Damage NO DAMAGE	···	00 - NO E	AMAGE				6 12 5 4 3 2 1	

6TL0B655TR

22-06228

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 07/01/2022

		Towed Due To Damage			Vehicle Rem	•						
		NOT TOWED			OPERATO							
		What Driver Was Doing NEGOTIATING CURVE			Vehicle Fact	1015						
		Driver Prior Action Other			NOT APPL	ICABLE						
	111	Driver Actions OTHER CONTRIBUTING	ACTIO	ON								
N	VEHICLE											
_	3											
		OwnerName			Owner	\ delross						
		JOHN DALE GORDON			Owner # W6845	COUNTY F	ROAD O					
2	5	(608) 853-1924 MAUSTON, WI 53948 , US										
	5	Event MOTOR VEH IN TRANS	PORT									
	8	Event CARGO/EQUIPMENT LOSS OR SHIFT										
	8	Event										
	•	F										
	8	Event										
_		Policy Holder										
N		Insurance Company			Individual							
_		PROGRESS(VE-CASUA)	_TY-IN	s-co	JOHN GORDON							
5		Trailer Plate # Pla	ite Type	Make HMDE		State		Coun	try of Issuance			
_	æ	UnitType EQUIPMENT		Individual JOHN DALE GORD	ON	•		Addre	ss IS COUNTY ROAD O			
N	RAILER/	Vehicle Identification Number	r	(608) 853-1924					STON, WI 53948 , US			
_	TR.											
		Individual										
		Driver			Citations issued Sex							
	ď	JOHN DALE GORDON (608) 853-1924			0		MALE					
_					Date of Birth Race WHITE							
TN S	Ξ	Address			Driver License Number							
_	JOINONI	W6845 COUNTY ROAD O MAUSTON WL53948 LIS						STATE: WISCONSIN COUNTRY: UNITED STATES				
								Y: UNI	TED STATES			
		MAUSTON, WI 53948						Y: UNI	TED STATES			
	Çal	MAUSTON, WI 53948 ,		1		WISCONSIN		Y: UNI	TED STATES			
	Sai	MAUSTON, WI 53948 , On Du fety Equipment	US ty Crash		STATE:	WISCONSIN	I COUNTRY	Y: UNI	TED STATES			
	Sal	MAUSTON, WI 53948 ,	ty Crash	eatPosition 7 - LEFT	STATE:	WISCONSIN	I COUNTRY	Y: UNI	TED STATES			
	Sai	MAUSTON, WI 53948 , On Du Fety Equipment Row	ty Crash	eatPosition	STATE:	WISCONSIN	I COUNTRY	y: UNI'	TED STATES			
	Sal	MAUSTON, WI 53948 , Fety Equipment Row 01 - FRONT ROW	ty Crash	eatPosition	STATE: Safety Eq	wisconsing uipment DER & LAP in the compliance	I COUNTRY	y: UNI	TED STATES			
		MAUSTON, WI 53948 , On Du Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection	ty Crash	eat Position 7 - LEFT	STATE: Safety Equation SHOULE Helmet Company	wisconsing uipment DER & LAP in the compliance	I COUNTRY	y: UNI	TED STATES			
01	Sal 100	MAUSTON, WI 53948 , Fety Equipment Row 01 - FRONT ROW Helimet Use Eye Protection	ty Crash	eat Position 7 - LEFT	STATE: Safety Equation SHOULE Helmet Company Airbag	wisconsing uipment DER & LAP in the compliance	I COUNTRY	Y: UNI	TED STATES			
01		MAUSTON, WI 53948 , On Du Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection	ty Crash S 0 Severity PPARE	eat Position 7 - LEFT	STATE: Safety Eq SHOULE Helmet Co Tint Comp Airbag NON DE	wisconsing uipment DER & LAP in the pompliance bliance	I COUNTRY	Y: UNI	Trapped/Extricated NOT TRAPPED			

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 07/01/2022

		Medical Transport NOT TRANSPORTED		EMS Agency Identifier			EMS Run#				
		Hospital			Date of Death			Time of Death			
	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)										
	Distracted By Action NOT DISTRACTED										
	Non Motorist Striking Unit# Location										
Prior Action (Control of the Control											
TINO	INDIVIBUAL	Action									
		Action Other								To/From School	
	ı	Drug & Alcohol NO	pected Alcohol U	se	Suspected Drug Use						
		Alcohol Test Given Alcohol Test Ty TEST NOT GIVEN			ре			Alcohol Test Results			
		Drug Test Given TEST NOT GIVEN Drug Test		Drug Test Type	tType Drug Test Results						
0	904	Drug Type									
		Individual Condition APPEARED NORMAL									
	Uni	t Summary									
		Status			/ehicle Operating As Class O CLASS	ification		Unit Type AUTOMOE)		
٠.		TRANSIT hicle Type			DCLAGG			Operating As Endorsements			
05	(SP	ORT) UTILITY VEHICLE									
	Tota	lOccs	Train/Bus#Red	0	Total#Citations Issued	0	al Traile		Total HazN 0	lat Types	
ь	YES		Direction Of Tra	I D []	Pre CrashTire Speed L Mark 55			mit Total Lanes			
LIND	CAF	tHarmfulEvent: Collision Wi RGO/EQUIPMENT LOSS		1	Special Function NO SPECIAL FUNCTION			Emergency Motor Vehicle Use NOT APPLICABLE			
	TW	fic Way D-WAY, NOT DIVIDED		I .	raffic Control NO CONTROL			Traffic Control Inoperative/Missing NO			
		ace Type ACKTOP (BITUMINOUS)		I .	Road Curvature CURVE LEFT			Road Grade			
		k Bus or HazMat									
		Vehicle									
		License Plate Number 362SCW			Plate Type AUT - AUTOMOBILE	St WI		Country of Is:			
02	02	Vehicle Identification Numb 1GKKVRED3BJ391270			Make GENERAL MOTORS C	Yea		Model ACADIA SL	т.		

6TL0B655TR

22-06228

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 07/01/2022

		Color	1.8	Body Style B		Bus Use				
		88a I		LL - CARRYALL						
				Vehicle Damage						
_	VEHICLE	10 - LEFT SIDE FRONT		enore parriage			7 8 9 10 11			
N	2		40 EET CIDE EDC	NA:T		6 D				
⋾	7	Extent Of Damage		10 - LEFT SIDE FRO)N I		5 4 3 2 1			
	5	FUNCTIONAL DAMAGE					2001 - COS - COS			
		Towed Due To Damage	1	Vehicle Removed By						
		NOT TOWED	(OPERATOR						
		What Driver Was Doing	1	Vehicle Factors						
		NEGOTIATING CURVE								
		Driver Prior Action Other		NOT APPLICABLE						
		Driver Actions								
		NO CONTRIBUTING ACTIO	N							
_			••							
UNIT	<u>o</u>	NO CONTRIBUTING ACTION U U U U U U U U U U U U U								
5	1117									
	5									
		Owner Name		Owner Address						
٠.		SHANNA R LARSON		S3173 W LAKE \	VIRGINIA RD					
02	8	(608) 393-2027		REEDSBURG, W	1 53959 , US					
		Sequence Of Events								
		Event	\T							
	5	MOTOR VEH IN TRANSPOR	CI.							
		Event								
	8	CARGO/EQUIPMENT LOSS	OR SHIFT							
		Event								
	8									
		Eulopt								
	8	Event								
—		Policy Holder								
N		Insurance Company		Individual						
\supset		CINCINNATI-INS-CO,-THE		SHANNA LARSON	ł					
				totototototototototototototototot	eteletetetetetetetetetetetetet					
		Driver		Citations Issued	Sex					
		SHANNA R LARSON (608) 393-2027		0 FEMALE Date of Birth Race						
		(000) 383-2027								
⊨	DUAL			WHITE						
Ž		Address		Driver License Number						
\neg	Ω	S3173 W LAKE VIRGINIA R	D							
		REEDSBURG, WI 53959 , L	S	STATE: WISCONS	IN COUNTRY: UNI	TED STATES				
		0.50.5.6		D 5 4 E : 4						
	Sai	On Duty C fety Equipment	1881	Safety Equipment						
				<u> </u>						
		Row	SeatPosition	SHOULDER & LAP BELT						
		01 - FRONT ROW	07 - LEFT							
		HelmetUse		Helmet Compliance						
		Eye Protection		Tint Compliance						
		-		'						
	N	l Injury Sev	erity	Airbag						
02	200	Injury NO APP	ARENT INJURY	NON DEPLOYED						
			ection Path			Trapped/Extricated				
		4 1	•	ICABI E		1				
			IOT EJECTED/NOT APPI			NOT TRAPPED				
		Medical Transport		EMS Agency Identifie	et"	EMS Run#				
		NOT TRANSPORTED								

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 07/01/2022

	Hospital		Date of Death		Time of Death						
	Hospital		Date of Death		I fille of Deau						
	Distracted By S	Source									
	Distracted By NOT APPLICABLE (NOT DISTRACTED)										
	Distracted By Action NOT DISTRACTED										
		1, ,									
	Non Motorist Striking Unit#	Location									
	Prior Action	·									
	Action										
UNIT											
7 5											
	Action Other					To/From School					
	Sugne at ad Ala	ahali laa	Suspected Drug Use								
	Drug & Alcohol NO	onoi Ose	NO								
	Alcohol Test Given	Alcohol Test Type)		Alcohol Test Results						
	TEST NOT GIVEN										
	Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results							
2 2	Drug Type	Drug Type									
020											
	Individual Condition										
	APPEARED NORMAL										
	AFFEARED NORMAL										