#### WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Override							
Document number overide	Primary Crash [	Document#	Agency <b>22-069</b>	Crash Number 40	Investigating C DEPUTY D. I		
Crash Date 07/18/2022	Crash Time 02:30 PM		Date An		Time Arrived 02:31 PM		
Date Notified 07/18/2022	ried Time Notified			nits	Total Injured	ed	
T	On Emergency Hit and Run Lane Closure  Government Active School Zone				00 00 Trailer or Towed		Reporting  Threshold
Government Property					Tags		
Reportable	Crash Type DT4000 (STA	NDARD CRASH	)		Amende	i	Secondary Crash
<b>Description</b>	•				'		
Fern Dell Rd	S Control of the cont	Aleina Sines	ern De		A	hotos By	ormation

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Crash Date 07/18/2022

Location ===										
ON ISHNALA RD				Latitude				Longitude		
25 FT N					43.561467443 -			-89.798774129		
OF FERN DELL RD IN THE TOWN OF DELTON								dinate		
IN SAUK COUNTY					273960 4826974					
					Type UCTURE					
Crash Scene										
First Harmful Event				Firet Harm	ful Event L	ocation				
MOTOR VEH IN TRANS	PORT			ON ROA		0000001				
Manner of Collision				Light Cond	dition					
01 - ANGLE				DAYLIGI						
Road Surface Condition(s)				Roadway	Factor(s)					
DRY										
Environment Factor(s)				-						
GLARE				NONE						
Weather Condition(s)				1						
CLEAR										
Animal Type				1	o Trafficwa	-				
					WAY - O					
Crash Classification - Location -	n			Crash Classification - Jurisdiction  NO SPECIAL JURISDICTION						
Tribal Land	Tribal Land					Access Control Special Study PARTIAL CONTROL				
Within Interchange Area	Junction Location		Intersection	• •						
NO	INTERSECTION		T-INTER	SECTION						
Unit Summary										
Unit Status		Vehicle Ope	erating As C	lassification		UnitType				
IN TRANSIT		D CLASS		TRUCK						
Vehicle Type	T TRUCK					Operating As Endorsements				
Total Occs	Train/Bus#Recorded	Total#Citat			Total Trai	lore	TatalUa	ızMatTypes		
1	Train/bus# Recoided	0	ions issued		0	ieis	0	iziwat i ypes		
Insurance?	Direction Of Travel	Pre	CrashTire	ı	Speed Lir	Limit Total!		Lanes		
YES	SOUTHBOUND		Mark		35	2				
Most Harmful Event: Collisio		Special Fur		TION		Emergency Motor V				
MOTOR VEH IN TRANS	PORT	NO SPEC		HUN		NOT APPLICABLE  Traffic Control Inoperative/Missing NO  Road Grade				
Traffic Way	<b>-</b>	Traffic Conf								
TWO-WAY, NOT DIVIDE Surface Type	ט	STOP SIG								
BLACKTOP (BITUMINO	US)	Road Curva STRAIGH				1	LEVEL			
Truck Bus or HazMat	,		•			1				
	MBINATION > 10,000LBS G	VWR/GCWR								
Vehicle					_					
License Plate Number		Plate Type			St	Country of Is				
DG99295		HT TRUC	.n	WI	UNITED STATES					
Vehicle Identification N <b>5</b> 1FT8W3BT1HED80		Make FORD			Year 2017	Model F350				
Color		Body Style				Bus Use				
WHI - WHITE		PK - PICI								
Initial Contact Point		Vehicle Da	ımage			•		7 8 9 10 11		
Initial Contact Point 11 - LEFT FRONT ( Extent Of Damage FUNCTIONAL DAM	CORNER							6 72		
Extent Of Damage	1 44 1 22	11 - LEFT FRONT CORNER					######################################			
FUNCTIONAL DAM		11-66	IFRUNI	CURNER				5 4 3 2 1		

#### **6TL0BGSFHN**

22-06940

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Crash Date 07/18/2022

	***************************************	Towed Due To Damage		Vehicle Removed By					
		NOT TOWED		Vernole Herrid Ved By					
				77 1: 1 E 1					
		What Driver Was Doing		Vehicle Factors					
		LEFT TURN		NOT APPLICABLE					
		Driver Prior Action Other		NOT APPLICABLE					
UNIT	VEHICLE	Driver Actions FAILED TO YIELD RIGHT-	OF-WAY						
5	ъ	OwnerName NEUMANN POOLS INC (920) 885-3366		Owner Address W9684 BEAVERL PO BOX 413 BEAVER DAM, W					
		Sequence Of Events		I					
		Event							
	5	MOTOR VEH IN TRANSPO	DRT						
	8	Event							
	63	Event							
	3	Event							
		l Policy Holder							
INN		Insurance Company		Organization/Company					
5		MIDDLESEX-INS-CO		NEUMANN POOLS INC					
		Individual							
		Driver		Citations Issued	Sex	<u>отен менаненаменаменаменаменаменаменаменамена</u>			
		JEFFREY SCOTT WEBST	ER	0					
	NDIVIDUAL	(920) 210-1993		Date of Birth	Race WHITE				
ENS	3	Address		Driver License Numbe	 r				
⊃	ō	N8456 CTY RD C	10	STATE: WISCONSIN COUNTRY: UNITED STATES					
		RANDOLPH, WI 53956 , U	15	STATE: WISCONS	N CODN I KT: DNI	TED STATES			
		O- D. t.	Cuanh	2-6-1-5					
	Sai	Tety Equipment On Duty	Crasn	Safety Equipment					
		Row	SeatPosition	SHOULDER & LAP	BELT				
		01 - FRONT ROW	07 - LEFT						
		HelmetUse		Helmet Compliance					
		Eye Protection		TintCompliance					
_	8	Injury Se	verity	Airbag					
2	8		PARENT INJURY	Y NON DEPLOYED					
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT AP	PLICABLE		Trapped/Extricated NOT TRAPPED			
		Medical Transport		EMS Agency Identifier		EMS Run#			
		NOT TRANSPORTED							
		Hospital		Date of Death		Time of Death			
		Distracted By NOT A	ed By Source	ACTED)					
		Distracted By Action	FFLICABLE (NOT DISTR	ACTED)					
		NOT DISTRACTED							

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

		Non Motorist	Striking U	Init#	Location							
		Prior Action										
UNIT	INDIVIDUAL	Action										
	il.	Action Other										To/From School
	Ĺ	Drug & Alcohol	Suspecte <b>NO</b>	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 T	est Results	3		
0	001	Drug Type										
		Individual Condition  APPEARED NORM	//AL									
		Carrier	81818181818		5'5'5'5'5'5'5'5'5'5'5	8'8'8'8'8'8'8'8'8'8	&***********************	·e·e·e·e·e·e·	8'8'8'8'8'8'8'8	5'8'8'8'8'8'8'8'8'8'8	51515151515151515	STSTSTSTSTSTSTSTSTSTSTSTSTSTSTSTSTSTST
		Use Vehicle Owner Same as Carrie					Source VEHICLE-SIDE					
10	01	Name NEUMANN PO USDOT# 31894		IC		Address W9684 BEAVERLAND PKWY PO BOX 413 BEAVER DAM, WI 53916, US						
_	BUS	GVWR 10,001-26,000 LBS	 3	1	onfiguration	uration ,000 LBS OR LESS PLACARDED FOR HA			-	o Body Type	Y - (BOB	TAIL, LIGHT MOTOR
UNIT		US DOT# 318947		Carrier Ty	e OMMERCE/GOVERNMENT			Permitted Load				
	TRUCK	OS/OW Load W! Permit Number		Number	Permitted Vehic					icle Required E		scort Vehicle Present
		Measured Height		Measu	red Length		Measured Wid	h		Measured We	eight	
	Unit	t Summary 🗨										
	IN T	Status RANSIT				Vehicle O D CLAS	perating As Clas <b>S</b>	sification		Unit Type TRUCK		
05		/ehicleType JTILITY TRUCK/PICKUP TRUCK								Operating As Endorsements		
	1	Total Occs Train/Bus # Re			ecorded Total#Cita 0		tations Issued		Total Trail	ers Total Haz		
E	Insui YES	rance?		ection Of Tra STBOUNE	- 1		re CrashTire Mark		Speed Lin		Total Lane: <b>2</b>	
TINO		:Harmful Event: Collision				Special Function NO SPECIAL FUNCTION			Emergency ! NOT APPL	Motor Vehic ICABLE	cle Use	
	TWO	ic Way D-WAY, NOT DIVIDI	ED			Traffic Co				Traffic Control Inoperative/Missing NO		
		ace Type .CKTOP (BITUMING	DUS)			Road Cur STRAIG				Road Grade LEVEL		

Crash Date 07/18/2022
Crash Time 02:30 PM

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Crash Date 07/18/2022

		ick Bus or HazMat								
	NO									
		Vehicle License Plate Number PJ2773		Plate Type LTK - LIGHT TRUCK	St WI	Country of Issuance				
05	62	Vehicle Identification Number 1C6RR7HT2DS622007		Make RAM	Year 2013	Model 1500				
		Color BLK - BLACK		Body Style PK - PICKUP	•	Bus Use				
TINO	VEHICLE	09 - LEFT SIDE MIDDLE Extent Of Damage		Vehicle Damage  09 - LEFT SIDE MIDD	Vehicle Damage 7 8 19  09 - LEFT SIDE MIDDLE					
	5	Towed Due To Damage  NOT TOWED	Vehicle Removed By			5 4 8 2 1				
		What Driver Was Doing LEFT TURN	Vehicle Factors							
		Driver Prior Action Other		NOT APPLICABLE						
TINN	VEHICLE	Driver Actions NO CONTRIBUTING ACTION								
02	02	OwnerName RICHARD MICHAEL PREISS	EL	Owner Address 1921 BROADWAY RD WISCONSIN DELLS, WI 53965, US						
		Sequence Of Events								
	5	Event MOTOR VEH IN TRANSPOR	т							
	8	Event								
	8	Event								
	3	Event								
  -		Policy Holder								
3		Insurance Company ERIE-INS-CO		Individual RICHARD PREISSEL						
		ndividual								
	d	Driver EDWARD D ERICKSON (608) 393-3269		Citations Issued  0	Sex MALE					
<b>≒</b>	₫		Date of Birth	Race WHITE						
TINO	INDMIDNA	Address 260 DE KORRA LN WISCONSIN DELLS, WI 539	Drivert icense Number  STATE: WISCONSIN COUNTRY: UNITED STATES							
	Sai	On Duty Cr <b>ety Equipment</b>	ash	Safety Equipment						
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP	BELT					
		Helmet Use		Helmet Compliance						

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		Eye Protection		Tint Compliance							
02	8	Injury S	everity PPARENT INJURY	Airbag NON DEPLOYED							
		Ejected	Ejection Path			Trapped/Extricated					
		NOT EJECTED	NOT EJECTED/NOT APPL	ICABLE		NOT TRAPPED					
		Medical Transport		EMS Agency Identifier		EMS Run#					
		NOT TRANSPORTED									
		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									
		Action									
_	INDIVIDUAL										
UNIT	IVIC										
	INC										
		Action Other					To/From School				
	Ĺ	Drug & Alcohol NO	ted Alcohol Use	Suspected Drug Use NO							
		Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type			Alcohol Test Results					
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results						
05	005	Drug Type									
		Individual Condition									
		APPEARED NORMAL									
	Philippanishing										