

6TL0D5DXZS
22-09817

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 22-09817	Investigating Officer/Deputy DEPUTY C. FRANK	
Crash Date 10/02/2022		Crash Time 01:03 PM	Date Arrived 10/02/2022	Time Arrived 01:09 PM	
Date Notified 10/02/2022		Time Notified 01:04 PM	Total Units 02	Total Injured 00	Total Killed 00
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input type="checkbox"/> Lane Closure	<input type="checkbox"/> Work Zone	<input type="checkbox"/> Trailer or Towed	<input type="checkbox"/> Reporting Threshold
<input type="checkbox"/> Government Property	<input type="checkbox"/> Active School Zone	School Bus Related NO		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

<p>Diagram</p> <p>USH 12</p> <p>S9417</p> <p>Not to scale</p>	Reconstruction By
	Photos By 9198
	Additional Information PHOTOS

I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

ON THE ABOVE DATE AND TIME UNIT 1 AND UNIT 2 WERE SOUTHBOUND ON USH 12 EAST. TRAFFIC WAS HEAVY AND BACKED UP AT THE TIME. UNIT 1 WAS SLOWING TO A STOP DUE TO THE TRAFFIC IN FRONT OF THEM. UNIT 2 FRONT STRUCK UNIT 1 REAR. UNIT 2 OPERATOR STATED HE LOOKED AWAY TO THE EAST FOR A FRACTION OF A SECOND AND THE UNITS IN FRONT OF HIM WERE SLOWING/STOPPING.

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Location

ON S9417 USH12 EB 0.71 MI N OF USH12 EB (FIRE S9417) IN THE TOWN OF PRAIRIE DU SAC IN SAUK COUNTY	Latitude	Longitude
	43.303300611	-89.759130732
	X Coordinate	Y Coordinate
	276211.875	4798194
Structure Type		FIRE

Crash Scene

First Harmful Event	First Harmful Event Location	
MOTOR VEH IN TRANSPORT	ON ROADWAY	
Manner of Collision	Light Condition	
03 - FRONT TO REAR	DAYLIGHT	
Road Surface Condition(s)	Roadway Factor(s)	
DRY	BACKUP DUE TO REGULAR CONGESTION	
Environment Factor(s)		
NONE		
Weather Condition(s)		
CLEAR		
Animal Type	Relation To Trafficway	
	TRAFFICWAY - ON ROAD	
Crash Classification - Location	Crash Classification - Jurisdiction	
PUBLIC PROPERTY	NO SPECIAL JURISDICTION	
Tribal Land	Access Control	Special Study
	NO CONTROL	
Within Interchange Area	Junction Location	Intersection Type
NO	NON-JUNCTION	NOT AN INTERSECTION

Unit Summary

UNIT	Unit Status	Vehicle Operating As Classification		Unit Type		
	IN TRANSIT	D CLASS		TRUCK		
	Vehicle Type	Operating As Endorsements				
	UTILITY TRUCK/PICKUP TRUCK					
	Total Occs	Train/Bus # Recorded	Total # Citations Issued	Total Trailers	Total HazMat Types	
	5		0	0	0	
	Insurance?	Direction Of Travel	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit	Total Lanes	
	YES	EASTBOUND		55	2	
Most Harmful Event: Collision With	Special Function		Emergency Motor Vehicle Use			
MOTOR VEH IN TRANSPORT	NO SPECIAL FUNCTION		NOT APPLICABLE			
Traffic Way	Traffic Control		Traffic Control Inoperative/Missing			
TWO-WAY, NOT DIVIDED	NO CONTROL		NO			
Surface Type	Road Curvature		Road Grade			
BLACKTOP (BITUMINOUS)	STRAIGHT		LEVEL			
Truck Bus or HazMat						
NO						

Vehicle

UNIT	VEHICLE	License Plate Number	Plate Type	St	Country of Issuance
		TL6519	LTK - LIGHT TRUCK	WI	UNITED STATES
		Vehicle Identification Number	Make	Year	Model
		1FTEX1EB3NFB13463	FORD	2022	F150
		Color	Body Style	Bus Use	
WHI - WHITE	PK - PICKUP				
Initial Contact Point	Vehicle Damage				
06 - REAR	05 - RIGHT REAR CORNER, 06 - REAR, 07 - LEFT REAR CORNER				
Extent Of Damage	FUNCTIONAL DAMAGE				

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UNIT VEHICLE	Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR	
	What Driver Was Doing SLOW/STOPPING	Vehicle Factors	
	Driver Prior Action Other	NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION		
01 01	Owner Name BADGER CONTRACTORS RENTAL SUPPLY	Owner Address 1501 GILSON ST MADISON, WI 53715 , US	
	Sequence Of Events		
01 02 03 04	Event MOTOR VEH IN TRANSPORT		
	Event		
	Event		
	Event		
UNIT	Policy Holder		
	Insurance Company AXIS-INSURANCE-COMPANY	Organization/Company BADGER CONTRACTORS RENTAL SUPPLY	
UNIT INDIVIDUAL	Individual		
	Driver RYAN J PATTERSON (608) 609-1540	Citations Issued 0	Sex MALE
		Date of Birth [REDACTED]	Race WHITE
	Address 312 SPRUCE ST SAUK CITY, WI 53583 , US	Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES	
01 001	Safety Equipment		On Duty Crash
			Safety Equipment
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT
	Helmet Use		Helmet Compliance
	Eye Protection		Tint Compliance
	Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED
Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED	
Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #
Hospital		Date of Death	Time of Death
Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)	
Distracted By Action NOT DISTRACTED			

WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location		
		Prior Action					
		Action					
		Action Other				To/From School	
01	001	Drug & Alcohol		Suspected Alcohol Use NO	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		
		Drug Type					
		Individual Condition APPEARED NORMAL					
		Individual					
		Passenger JAIME NICOLE PATTERSON (920) 602-2097			Citations Issued 0	Sex FEMALE	
		Address 312 SPRUCE ST SAUK CITY, WI 53583 , US			Date of Birth [REDACTED]	Race WHITE	
		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES					
		01	002	Safety Equipment		On Duty Crash	
Safety Equipment SHOULDER & LAP BELT							
Row 01 - FRONT ROW	Seat Position 09 - RIGHT						
Helmet Use				Helmet Compliance			
Eye Protection				Tint Compliance			
Injury				Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED		
Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED			
Medical Transport NOT TRANSPORTED			EMS Agency Identifier	EMS Run #			
Hospital			Date of Death	Time of Death			
Distracted By		Distracted By Source					
Distracted By Action							
Non Motorist		Striking Unit #	Location				

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	INDIVIDUAL	Prior Action			
		Action			
01	002	Action Other		To/From School	
		Drug & Alcohol Suspected Alcohol Use NO		Suspected Drug Use NO	
01	002	Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Results	
01	002	Drug Type			
		Individual Condition APPEARED NORMAL			
UNIT	INDIVIDUAL	Individual			
		Passenger JORDY M PATTERSON (608) 609-1540	Citations Issued 0	Sex MALE	
01	003	Date of Birth [REDACTED]	Race WHITE		
		Address 312 SPRUCE ST SAUK CITY, WI 53583 , US	Driver License Number		
01	003	Safety Equipment On Duty Crash		Safety Equipment	
		Row 02 - SECOND ROW	Seat Position 07 - LEFT	CHILD RESTRAINT SYSTEM - FORWARD FACING	
01	003	Helmet Use		Helmet Compliance	
		Eye Protection		Tint Compliance	
01	003	Injury Injury Severity NO APPARENT INJURY		Airbag NON DEPLOYED	
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED	
01	003	Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #
		Hospital		Date of Death	Time of Death
01	003	Distracted By Distracted By Source			
		Distracted By Action			
01	003	Non Motorist Striking Unit #		Location	
		Prior Action			

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UNIT INDIVIDUAL	Action		
	Action Other		To/From School
	Drug & Alcohol	Suspected Alcohol Use NO	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
	Drug Type		
	Individual Condition APPEARED NORMAL		
	Individual		
	Passenger LOUIE R PATTERSON (608) 609-1540	Citations Issued 0	Sex MALE
	Address 312 SPRUCE ST SAUK CITY, WI 53583 , US	Date of Birth [REDACTED]	Race WHITE
Driver License Number			
UNIT INDIVIDUAL	Safety Equipment	On Duty Crash	Safety Equipment
	Row 02 - SECOND ROW	Seat Position 08 - MIDDLE	SHOULDER & LAP BELT
	Helmet Use	Helmet Compliance	
	Eye Protection	Tint Compliance	
	Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
	Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #
	Hospital	Date of Death	Time of Death
	Distracted By	Distracted By Source	
	Distracted By Action		
UNIT INDIVIDUAL	Non Motorist	Striking Unit #	Location
	Prior Action		

6TL0D5DXZS

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UNIT INDIVIDUAL	Action		
	Action Other		To/From School
	Drug & Alcohol	Suspected Alcohol Use NO	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
	Drug Type		
	Individual Condition APPEARED NORMAL		
	Individual		
	Passenger CHRISTIAN J PATTERSON (608) 609-1540	Citations Issued 0	Sex MALE
	Address 312 SPRUCE ST SAUK CITY, WI 53583 , US	Date of Birth [REDACTED]	Race WHITE
Driver License Number			
UNIT INDIVIDUAL	Safety Equipment	On Duty Crash	Safety Equipment
	Row 02 - SECOND ROW	Seat Position 09 - RIGHT	SHOULDER & LAP BELT
	Helmet Use		Helmet Compliance
	Eye Protection		Tint Compliance
	Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
	Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #
	Hospital	Date of Death	Time of Death
	Distracted By	Distracted By Source	
	Distracted By Action		
Non Motorist	Striking Unit #	Location	
Prior Action			

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UNIT INDIVIDUAL 01 005
Action
Action Other To/From School
Drug & Alcohol Suspected Alcohol Use Suspected Drug Use
Alcohol Test Given Alcohol Test Type Alcohol Test Results
Drug Test Given Drug Test Type Drug Test Results
Drug Type
Individual Condition
APPEARED NORMAL

Unit Summary

UNIT 02
Unit Status: IN TRANSIT
Vehicle Operating As Classification: D CLASS
Unit Type: TRUCK
Vehicle Type: (SPORT) UTILITY VEHICLE
Operating As Endorsements
Total Occs: 3
Train/Bus # Recorded
Total # Citations Issued: 0
Total Trailers: 0
Total HazMat Types: 0
Insurance?: YES
Direction Of Travel: EASTBOUND
Pre Crash Tire Mark
Speed Limit: 55
Total Lanes: 2
Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT
Special Function: NO SPECIAL FUNCTION
Emergency Motor Vehicle Use: NOT APPLICABLE
Traffic Way: TWO-WAY, NOT DIVIDED
Traffic Control: NO CONTROL
Traffic Control Inoperative/Missing: NO
Surface Type: BLACKTOP (BITUMINOUS)
Road Curvature: STRAIGHT
Road Grade: LEVEL
Truck Bus or HazMat: NO

Vehicle

UNIT 02 VEHICLE 02
License Plate Number: TC3947
Plate Type: LTK - LIGHT TRUCK
St: WI
Country of Issuance: UNITED STATES
Vehicle Identification Number: 1C4RDJDG0NC107029
Make: DODGE
Year: 2022
Model: DURANGO
Color: GRY - GRAY
Body Style: UT - SPORT UTILITY VEHICLE
Bus Use
Initial Contact Point: 12 - FRONT
Vehicle Damage: 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT
Extent Of Damage: DISABLING DAMAGE
Towed Due To Damage: TOWED DUE TO DISABLING DAMAGE
Vehicle Removed By: MIKES TOWING
What Driver Was Doing: GOING STRAIGHT
Vehicle Factors: NOT APPLICABLE
Driver Prior Action Other

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UNIT VEHICLE	Driver Actions FOLLOWING TOO CLOSE			
	Owner Name WILLIAM GENE WELLS (608) 477-1788	Owner Address S2252 SIMPSON RD REEDSBURG, WI 53959 , US		
UNIT VEHICLE	Sequence Of Events			
	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
	03	Event		
UNIT VEHICLE	04	Event		
	Policy Holder			
	Insurance Company PROGRESSIVE-ADVANCED-INSURANCE-CO	Individual WILLIAM WELLS		
	Individual			
UNIT INDIVIDUAL	Driver WILLIAM GENE WELLS (608) 477-1788	Citations Issued 0	Sex MALE	
		Date of Birth [REDACTED]	Race WHITE	
	Address S2252 SIMPSON RD REEDSBURG, WI 53959 , US	Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES		
	Safety Equipment			
	On Duty Crash	Safety Equipment		
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT	
	Helmet Use	Helmet Compliance		
	Eye Protection	Tint Compliance		
UNIT INDIVIDUAL	Injury	Injury Severity NO APPARENT INJURY	Airbag DEPLOYED-FRONT	
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
	Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #	
	Hospital	Date of Death	Time of Death	
UNIT INDIVIDUAL	Distracted By			
	Distracted By Source EXTERNAL (TO VEHICLE/NON-MOTORIST AREA)			
	Distracted By Action OTHER ACTION (LOOKING AWAY FROM TASK ETC)			
UNIT INDIVIDUAL	Non Motorist			
	Striking Unit #	Location		
	Prior Action			

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UNIT	INDIVIDUAL	Action			
		Action Other		To/From School	
02	006	Drug & Alcohol	Suspected Alcohol Use NO	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	
		Drug Type			
		Individual Condition APPEARED NORMAL			
UNIT	INDIVIDUAL	Individual			
		Passenger SAMUEL L WELLS (608) 477-1788	Citations Issued 0	Sex MALE	
			Date of Birth [REDACTED]	Race WHITE	
		Address S2252 SIMPSON RD REEDSBURG, WI 53959 , US	Driver License Number		
		Safety Equipment	On Duty Crash	Safety Equipment SHOULDER & LAP BELT	
02	007	Row 01 - FRONT ROW	Seat Position 09 - RIGHT	Helmet Use	
		Eye Protection	Tint Compliance		
		Injury	Injury Severity NO APPARENT INJURY	Airbag DEPLOYED-FRONT	
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED	
		Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #	
Hospital	Date of Death	Time of Death			
Distracted By	Distracted By Source				
Distracted By Action					
Non Motorist	Striking Unit #	Location			
Prior Action					

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UNIT	INDIVIDUAL	Action			
		Action Other		To/From School	
02	007	Drug & Alcohol	Suspected Alcohol Use NO	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	
		Drug Type			
		Individual Condition APPEARED NORMAL			
UNIT	INDIVIDUAL	Individual			
		Passenger SILAS T WELLS (608) 477-1788	Citations Issued 0	Sex MALE	
			Date of Birth [REDACTED]	Race WHITE	
		Address S2252 SIMPSON RD REEDSBURG, WI 53959 , US	Driver License Number		
		Safety Equipment	On Duty Crash	Safety Equipment SHOULDER & LAP BELT	
02	008	Row 02 - SECOND ROW	Seat Position 07 - LEFT	Helmet Compliance	
		Helmet Use	Tint Compliance	Eye Protection	
		Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED	
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED	
		Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #	
Hospital	Date of Death	Time of Death			
Distracted By	Distracted By Source				
Distracted By Action					
Non Motorist	Striking Unit #	Location			
Prior Action					

6TL0D5DXZS

22-09817

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UNIT INDIVIDUAL 02 008	Action		
	Action Other		To/From School
	Drug & Alcohol	Suspected Alcohol Use NO	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
	Drug Type		
	Individual Condition APPEARED NORMAL		