6TL0BGSFHV 22-10253

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

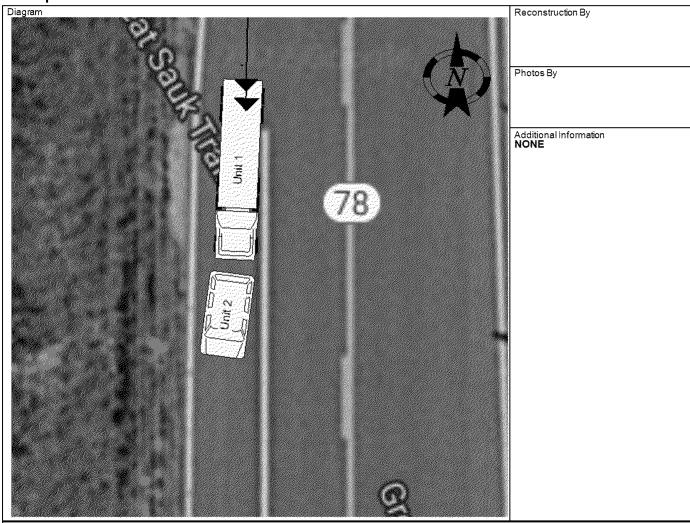
Crash Date 10/15/2022

Crash Time 11:07 AM

>	Crash Da
I	10/15/20
뜻	Date Noti
35	10/15/20
0B(On E
6TL	

	Document Number Override		1		Agency Crash Number 22-10253		Investigating Officer/Deputy DEPUTY D. KROLIKOWSKI			
	Crash Date 10/15/2022		Oldon rinic		Date Arrived 10/15/2022		Time Arrived 11:23 AM	1		
	Date Notified 10/15/2022		Time Notified 11:07 AM		Total Units 02		Total Injured	Total Killed 00		
	On Emergency Hit and		and Run	and Run Lane Closur		Work Zone	Trailer or	Towed	Reporting Threshold	
	Government Property		Active Sc	Active School Zone		Bus Related	Tags			
	Crash Type DT4000 (STANDARD CRASH))		Amended		Secondary Crash		

Description



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

UNIT 2 HAD TO SLOW QUICKLY FOR TRAFFIC SLOWING IN FRONT OF IT. UNIT 1 WAS FOLLOWING UNIT 2, & COULD NOT STOP IN TIME DUE TO UNIT 1'S SIZE, DOWNHILL SLOPE, & DISTANCE FROM UNIT 2. THE FRONT OF UNIT 1 CONTACTED THE REAR OF UNIT 2.

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Location ON STH78 SB

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Latitude

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Longitude

	248 FT N			43.3141	17436		-89.73	5039226	
	OF CTHZ SB IN THE TOWN OF PRAIRIE	E DU SAC		X Coordin			Y Coordinate		
	IN SAUK COUNTY			278205.34375 4799331					
			l l	Structure Type NO STRUCTURE					
	Crash Scene								
				I=:					
	First Harmful Event MOTOR VEH IN TRANSPO	nRT		ON ROA	nfulEventL ≀∩W∆Y	ocation			
	Manner of Collision	7.7.1		LightCon					
	03 - FRONT TO REAR			DAYLIG					
	Road Surface Condition(s)			Roadway	/Factor(s)				
	DRY								
	Environment Factor(s)								
	NONE			NONE					
	Weather Condition(s)								
	CLEAR								
	Animal Type			l l	To Trafficwa	-			
	Crash Classification - Location				CWAY - O	- Jurisdiction			
	PUBLIC PROPERTY					ISDICTION			
	TribalLand			Access C	Access Control Special Study			Special Study	
	3500 S. L.		1	NO CONTROL					
	1	Junction Location NON-JUNCTION		tersection Type OT AN INTERSE	CTION				
	Unit Summary								
	Unit Status		Vehicle Operati	ing As Classification	3	UnitType			
	IN TRANSIT		C CLASS		TRUCK				
5	Vehicle Type			Operating A	s Endorse	ments			
0	UTILITY TRUCK/PICKUP 1	TRUCK Train/Bus#Recorded	17 (180) 0	otal#Citations Issued Total Traile			T-4-111-	-	
	Total Occs	Haimbus#Recoided	0	sissued	1	liers	Total HazMat Types 0		
	Insurance?	Direction Of Travel	Pre Cra	shTire	Speed Limit		TotalLar	ies	
╘	YES	SOUTHBOUND	✓ Ma		55		3		
LIND	Most Harmful Event: Collision V MOTOR VEH IN TRANSPO		NO SPECIAL			Emergency NOT APPI			
	Traffic Way		Traffic Control					rol Inoperative/Missing	
	TWO-WAY, NOT DIVIDED Surface Type		NO CONTRO		NO Bood Orado				
	BLACKTOP (BITUMINOUS	5)	STRAIGHT	Road Curvature STRAIGHT			Road Grade DOWNHILL		
	Truck Bus or HazMat TRUCK OR TRUCK COMB	INATION > 10,000LBS G	VWR/GCWR			•			
	··· Vehicle	SISTERSTONES SESSES SESSES SESSES SESSES SESSES SESSES	88888888888888888888888888888888888888					TATSISTS SASTSISTS SASTSISTS SASTSISTS	
	License Plate Number		Plate Type		St	Country of Is			
	91696X	-1	LTK - LIGHT	TRUCK	WI Year	UNITED ST	ATES		
5	Vehicle Identification Num 1XKYD49X0PJ249521					T680	Model T680		
	Color	Body Style			Bus Use				
	BLU - BLUE		I	SE - SEMI-TRAILER					
_	Initial Contact Point 12 - FRONT		Vehicle Damaç	ge				7 8 9 10 11	
UNIT	12 - FRONT Extent Of Damage MINOR DAMAGE		12 - FRONT					5 12	
_	MINOR DAMAGE		5 4 3				5 4 3 2 1		

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		Towed Due To Damage NOT TOWED	•		Vehicle Rer	noved By					
		What Driver Was Doing GOING STRAIGHT			Vehicle Factors NOT APPLICABLE						
		Driver Prior Action Othe	er .								
UNIT	VEHICLE	Driver Actions FOLLOWING TOO C	CLOSE								
2	16	Owner Name LAWRENCE ALLEN (920) 382-3121	ALSUM	Owner Address N9011 HWY EF FRIESLAND, WI 53935 , US							
		Sequence Of Eve	ents		l			17517517			
	5	Event MOTOR VEH IN TRA	ANSPORT	•							
	8	Event									
	8	Event									
	3	Event									
_		Policy Holder									
UNIT		Insurance Company BERKLEY-CASUAL			Individua	Individual LAWRENCE ALSUM					
		Trailer/Towed		1							
2		Trailer Plate # 686325	Plate Typ	l l		State WI			y of Issuance ED STATES		
<u>_</u>	ž	UnitType SEMI TRAILER	nitType Individua			RENCE ALLEN ALSUM N91			Address N9011 HWY EF		
UNIT	TRAILER/	Vehicle Identification Ne	/ehicle identification Number GRAA0624FW703896 (920) 382-3121						BLAND, WI 53935 , US		
		Individual									
		Driver LAWRENCE ALLEN ALSUM			Citations 0	Citations issued Sex 0 MALE					
_	3	(920) 382-3121			Date of B	lirth	Race WHITE				
5	NOMON	Address N9011 HWY EF FRIESLAND, WI 53935 , US			Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES						
TINO			35 , US		STATE:	WISCONSIN	COUNTRY	: UNIT	ED STATES		
Ś	Sai	FRIESLAND, WI 539	035 , US On Duty Cra	sh	STATE:		COUNTRY	: UNIT	ED STATES		
Ś	Sal	FRIESLAND, WI 539	>n Duty Cra	sh Seat Position 07 - LEFT	Safety Ed			: UNIT	ED STATES		
S	Sal	FRIESLAND, WI 539 Fety Equipment Row	>n Duty Cra	Seat Position	Safety Ed	quipment		: UNIT	ED STATES		
Ś	Sai	FRIESLAND, WI 539 Fety Equipment Row 01 - FRONT ROW	>n Duty Cra	Seat Position	Safety Ed	quipment DER & LAP 6 compliance		: UNIT	ED STATES		
		FRIESLAND, WI 539 Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection	n Duty Cra	Seat Position 07 - LEFT	Safety Ed SHOULI Heimet C	quipment DER & LAP 6 compliance		רואט:	ED STATES		
01 UN	. Sail	FRIESLAND, WI 539 Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection	on Duty Cra njury Sever	Seat Position 07 - LEFT	Safety Ed SHOULI Helmet C Tint Com Airbag	quipment DER & LAP 6 compliance		רואט:	Trapped/Extricated		

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		Medical Transport			EMSA	gency Identifier		EMS Run#			
		NOT TRANSPORTED Hospital			Date of	f Doath		Time of Death			
		Hospital			Date of	i Dealli		Time of Dea	141		
Non Motorist Striking Unit # Location											
		Prior Action									
Action											
UNIT											
	ND										
	_										
		Action Other								To/From School	
										,	
	ı	Suspe Drug & Alcohol NO	cted Alcohol U	se	Suspe NO	cted Drug Use					
		Alcohol Test Given		Alcohol Test Type				Alcohol Tes	Alcohol Test Results		
		TEST NOT GIVEN									
		Drug Test Given TEST NOT GIVEN	Drug Test Type	Orug Test Type			sults				
_	Т	Drug Type									
2	901										
		Individual Condition									
		APPEARED NORMAL									
		Carrier (Communication)									
		U se Vehicle	Owner Sam	ne as Carrier	Source VEHICLE-SIDE						
5	01	Name			Address						
0	0	LAWRENCE ALLEN USDOT# 250998	NALSUM		N9011 HWY EF FRIESLAND, WI 53935 , US						
		30 30 30 30 30 30 30 30									
	BUS	GVWR	l l	onfiguration				Cargo Body Type			
LINO	M	MORE THAN 26,000 LB US DOT#	Carrier Ty	TRACTOR/SEMI-	-TRAILI	ER		JNKNOWN Permitted Load			
5	X	250998		FATE CARRIER			ľ	onning Educ			
	TRUCK	OS/OW Load Wi Perr	mit Number			hicle On		ehicle Require	d E	scort Vehicle Present	
	-	Measured Height	Measu	red Length	rmitted	Route Measured Width		y Permit Measured W			
		g	7					7.10000701			
Ì	Jni	Summary ====	'					<u>'</u>			
		Status				perating As Class	fication	UnitType			
		RANSIT cle Type		آ ا	CLASS	•			AUTOMOBILE Operating As Endorsements		
02		ORT) UTILITY VEHICLE						,			
		l Occs	Frain/Bus#Red			ations Issued	I	Frailers	Total HazN	/lat Types	
	2	, CCCs	101111111111111111111111111111111111111	0		auuris issueu	0	1011013	0	at Types	

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		rance?	Direction Of Travel	, Pre CrashTire						
I⊑	YES		SOUTHBOUND	Mark	55	2				
UNIT				Special Function NO SPECIAL FUNCTIO	N		Emergency Motor Vehicle Use NOT APPLICABLE			
	I			raffic Control		Traffic Cont	Traffic Control Inoperative/Missing			
		асе Туре		Road Curvature		Road Grade)			
	BLA	CKTOP (BITUMINOUS)		STRAIGHT		DOWNHIL	L			
	Truc NO	k Bus or HazMat								
		Vehicle								
		License Plate Number		Plate Type	St	Country of is	suance			
		AP88764		AUT - AUTOMOBILE	1L	UNITED ST	TATES			
05	8	Vehicle Identification Numi 1C4RJFCT6KC610340		Make JEEP	Year 2019	Model	159			
-		Color		Body Style	2018	GRAND CHER Bus tise				
		BLK - BLACK		UT - SPORT UTILITY	/EHICLE	500 000				
_	Щ	Initial Contact Point		Vehicle Damage			7 8 9 10 11			
¥	2	06 - REAR Extent Of Damage		06 - REAR			s 12			
ر ر	VEHICL	MINOR DAMAGE					B 4 3 2 1			
		Towed Due To Damage NOT TOWED		Vehicle Removed By						
		What Driver Was Doing		Vehicle Factors						
		SLOW/STOPPING Driver Prior Action Other		NOT APPLICABLE						
		Dilver Filor Action Culer								
UNIT	VEHICLE	Driver Actions NO CONTRIBUTING A	CTION							
		OwnerName COLIN R RICHMOND		Owner Address 7210 SCOTS LN						
05	8	(443) 538-5454		VILLAGE OF LAKEW, IL 60014 , US						
		Sequence Of Even	ts							
	5	Event MOTOR VEH IN TRAN	SPORT							
	8	Event								
	8	Event								
	73	Event								
_		Policy Holder				an an an an an an an a				
UNIT		Insurance Company	- 00	Individual		***************************************				
-		USAA-CASUALTY-INS		COLIN RICHMOND						
		Individual Driver		Citations Issued	Sex					
		COLIN R RICHMOND		0	MALE					
	5	(443) 538-5454		Date of Birth	Race					
	9									

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_	****	·								
5	Š	Address 7210 SCOTS LN			Driver License Number STATE: ILLINOIS COUNTRY: UNITED STATES					
		VILLAGE OF LAKEW, IL (50014 , US		STATE: ILLINOIS C	STATE. ILLINOIS COUNTRI. UNITED STATES				
	c.	Cn Duty	/ Crash		Safety Equipment					
		Row 01 - FRONT ROW	Seat Po 07 - LE		SHOULDER & LAP	BELI				
		HelmetUse			Helmet Compliance					
		Eye Protection			Tint Compliance					
8	22	Injury Severity			Airbag					
•	8	Injury NO AP	PARENT II		NON DEPLOYED		Trapped/Extricated			
		Ejected NOT EJECTED	1 -	ui CTED/NOT APPL	ICABLE		NOT TRAPPED			
		Medical Transport NOT TRANSPORTED	g ·				EMS Run#			
		Hospital			Date of Death	Time of Death				
		Distract	ed By Source)						
		Distracted By NOT A	PPLICABL	E (NOT DISTRAC	CTED)					
		NOT DISTRACTED								
		Non Motorist	Unit#	Location						
		Prior Action								
		Action								
	4									
FIND	INDIVIDUAL									
⋾										
		Action Other						To/From School		
		Drug & Alcohol NO	ted Alcohol U	ise	Suspected Drug Use NO					
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type			Alcohol TestResults			
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results				
8	200	Drug Type								
	ō									
		Individual Condition								
		APPEARED NORMAL								
		Passenger KATHERINE W RICHMON	D		Citations issued 0	Sex FEMALE				
	V	(410) 857-6376			Date of Birth	Race				
E	9									

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3					Driver License Number STATE: ILLINOIS COUNTRY: UNITED STATES					
	Sa	On Dui fety Equipment	ty Crash		Safety Equipment					
		Row 01 - FRONT ROW	SeatPos 09 - RiG		SHOULDER & LAP I	BELT				
		Helmet Use Eye Protection			Helmet Compliance					
					Tint Compliance					
05	88	Injury Severity NO APPARENT INJURY			Airbag NON DEPLOYED		I = 10= 4: 4 1			
		Ejected NOT EJECTED	-				Trapped/Extricated NOT TRAPPED			
		Medical Transport NOT TRANSPORTED			EMS Agency Identifier		EMS Run#			
		Hospital			Date of Death		Time of Death			
		Distracted By Source								
		Distracted By Action								
		Non Motorist	g Unit#	Location						
		Prior Action								
TINO	INDIVIDUAL	Action								
		Action Other						To/From School		
			cted Alcohol Us		Suspected Drug Use			, 57, 1511, 551, 55		
		Drug & Alcohol NO	Cieu Alconor Os		NO		I., , ,= ,= ,			
		AlcoholTestGiven TEST NOT GIVEN		Alcohol Test Type	•		Alcohol Test Results			
		Drug Test Given TEST NOT GIVEN		Drug TestType		Drug Test Results	•			
05	8003	Drug Type								
		Individual Condition APPEARED NORMAL								