WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override		1		Agency Crash Number 22-10466		0 0	Investigating Officer/Deputy DEPUTY A. WILCOX		
Q X	Crash Date 10/20/2022		Crash Time 07:12 PM		Date Arrived 10/20/2022		Time Arrived 07:24 PM	1		
22XX	Date Notified 10/20/2022		Time Notified 07:16 PM		Total Units 01		Total Injured 00			
.0C	On Emergency Hit		and Run Lane Closu		re Work Zone		Trailer or	Trailer or Towed		
6T L	Government Property		Active School Zone		School Bus Related NO		Tags			
	Reportable		Crash Type DT4000 (STANDARD CRASH)				Amended		Secondary Crash	
	Description									

Diagram Not to scale USH 14 O1 O1 STH 23 Rite-Way Gas Station

Reconstruction By

Photos By AUSTIN WILCOX

Additional Information **PHOTOS**

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

ON 10/20/2022, I WAS DISPATCHED TO A TRAFFIC ACCIDENT AT USH 14 AND STH 23 IN THE TOWN OF SPRING GREEN. UNIT 1 OPERATOR TURNED RIGHT AT THE INTERSECTION OF USH 14 AND STH 23 TO GET FUEL AT A GAS STATION. UNIT 1 OPERATOR THOUGHT HE WAS ENTERING THE GAS STATION PARKING LOT AND REALIZED THE ENTRANCE TO THE GAS STATION WAS FURTHER DOWN THE ROAD ON STH 23. UNIT 1 OPERATOR ENTERED THE DITCH ON THE RIGHT SIDE OF THE ROADWAY, STRIKING A WOODEN RETAINING WALL WHICH CAUSED DAMAGE TO THE LEFT FRONT LEFT SIDE OF UNIT 1. THE REAR RIGHT TIRE OF UNIT 1 WAS OFF THE GROUND. UNIT 1 OPERATOR WAS UNABLE TO BACK OUT OF THE DITCH. GEORGES TOWING LIFTED UNIT 1 OFF THE RETAINING WALL AND PULLED UNIT 1 OUT OF THE DITCH BACK ONTO THE ROADWAY. UNIT 1 OPERATOR REMOVED UNIT 1 FROM THE SCENE.

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	LOC	ation									
	ON CTHG						Latitude			Longitude	
		FTS				43.18941165		-90.07386263			
		USH14 EB THE TOWN OF SPRIN	C CDEEN		•	X Coordinate			Y Coordinate		
	IN SAUK COUNTY						250217.75			4786437	
							Туре				
						NO STR	UCTURE				
	Cra	sh Scene									
		Harmful Event				First Harm	nful Event Lo	ncation			
		HER POST, POLE OR	SUPPORT				DER RIGH				
		ner of Collision				Light Cond		•			
		00 - NO COLLISION W/VEHICLE IN TRANSPORT					IGHTED				
		d Surface Condition(s)	LINGLE III TITAROT OTT			Roadway					
		()				Roadway	i actor(s)				
	DR	Y									
	Envi	ironment Factor(s)									
	NOI	NE				NONE					
	Wea	ather Condition(s)									
	CLE	EAR									
	Anin	nal Type				Relation T	o Trafficwa	/			
							CWAY - O	•			
	Cras	sh Classification - Location	1			Crash Clas	ssification -	Jurisdiction			
	PUE	BLIC PROPERTY				NO SPE	CIAL JUR	ISDICTION			
	Triba	al Land				Access Co	ontrol			Special Study	
						NO CONTROL					
	With	in Interchange Area	Junction Location		Intersection Type					<u>I</u>	
	NO INTERSECTION FO				FOUR-W	R-WAY INTERSECTION					
	Uni	t Summary =									
		Status		Vehicle Op	erating As Cla	assification	1	Unit Type			
	IN T	TRANSIT		D CLASS		TRUCK					
_	Vehicle Type				Operating As Endorsements						
2	(SPORT) UTILITY VEHICLE										
	Total Occs Train/Bus # Recorded			Total # Cita	Total # Citations Issued		Total Trail		Total Haz	Mat Types	
	1			0 Pre CrashTir		0 Speed Lin			0		
	Insu	rance?	Direction Of Travel					imit Total Lanes		es	
⊨	YES EASTBOUND				Mark		45		2		
LNO	Mos	t Harmful Event: Collision	With		Special Function			Emergency Motor Vehicle Use			
_	OTHER POST, POLE OR SUPPORT NO SPECIAL FU				CIAL FUNC	CTION			APPLICABLE		
	Traffic Way Traffic Control				trol			Traffic Control Inoperative/Missing			
		O-WAY, NOT DIVIDED)	NO CONTROL					NO		
		асе Туре			Road Curvature STRAIGHT			Road Grade LEVEL			
		ACKTOP (BITUMINOU	JS)	STRAIGH							
		ck Bus or HazMat									
	NO										
	,	Vehicle					St				
			License Plate Number			Plate Type		Country of Issuance			
					LTK - LIGHT TRUCK		IL	UNITED STATES			
		TAMODD			GHT TRUC	ĸ					
_		TAMODD Vehicle Identification Nu		Make	GHT TRUC	N.	Year	Model			
7	10	TAMODD Vehicle Identification Nu 1FMJK1J50EEF4628		Make FORD		K		EXPEDITION	ON		
6		TAMODD Vehicle Identification Nu 1FMJK1J50EEF4628 Color		Make FORD Body Style	e	K .	Year		ON		
07	10	TAMODD Vehicle Identification Nu 1FMJK1J50EEF4628 Color BLK - BLACK		Make FORD Body Style 4D - 4DR	e R	K	Year	EXPEDITION	ON		
	E 01	TAMODD Vehicle Identification Nu 1FMJK1J50EEF4628 Color BLK - BLACK Initial Contact Point	34	Make FORD Body Style	e R	<u>x</u>	Year	EXPEDITION	ON	7 8 9 10 11	
	E 01	TAMODD Vehicle Identification Nu 1FMJK1J50EEF4623 Color BLK - BLACK Initial Contact Point 11 - LEFT FRONT C	34	Make FORD Body Style 4D - 4DR Vehicle Da	e R amage		Year 2014	EXPEDITION	DN	7 8 9 10 11 6 12	
UNIT 01	10	TAMODD Vehicle Identification Nu 1FMJK1J50EEF4628 Color BLK - BLACK Initial Contact Point	ORNER	Make FORD Body Style 4D - 4DR Vehicle Da	e R		Year 2014	EXPEDITION	ON		

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		Towed Due To Damage		Vehicle Removed By					
		NOT TOWED		OPERATOR					
		What Driver Was Doing LEFT TURN		Vehicle Factors					
		Driver Prior Action Other		NOT APPLICABLE					
		Driver Actions							
	щ	RAN OFF ROADWAY, LO	OKED BUT DID NOT SEE						
╘	C								
LNO	VEHICLE								
_	VE								
		Owner Name		Owner Address					
0	01	JOHN MASSOURAS (224) 241-9895		214 MACON DR					
0	0	(224) 241-9093		ROCKFORD, IL 61109 , US					
	9	Sequence Of Events							
	01	Event DITCH							
	_								
	02	Event OTHER POST, POLE OR	SUPPORT						
		Event							
	03	LVent							
		Event							
	04								
		Policy Holder							
LIND		Insurance Company		Individual					
5		PROGRESSIVE-CLASSIC	-INS-CO	JOHN MASSOURA	s				
		ndividual							
	INDIVIDUAL	Driver		Citations Issued	Sex				
		JOHN MASSOURAS		0	MALE				
		(224) 241-9895		Date of Birth Race					
—	ם			WHITE					
	Σ	Address		Driver License Number STATE: ILLINOIS COUNTRY: UNITED STATES					
_		214 MACON DR ROCKFORD, IL 61109,U	IS.						
	_	ROCKFORD, IL 01109, 0		STATE. ILLINOIS COUNTRY, UNITED STATES					
	Sat	On Duty fety Equipment	Crash	Safety Equipment					
				CHOIL DED & LAD DELT					
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT					
		Helmet Use		Helmet Compliance					
		Eye Protection		Tint Compliance					
2	90	Injury Se	•	Airbag					
0	Ō		PARENT INJURY	NON DEPLOYED					
		Ejected	Ejection Path	NR. 10 A.R. F		Trapped/Extricated			
		NOT EJECTED Medical Transport	NOT EJECTED/NOT APP			NOT TRAPPED EMS Run #			
		NOT TRANSPORTED		EMS Agency Identifier		EIVIS RUII #			
		Hospital		Date of Death Time of		Time of Death			
				34.5 5. 25441					
		Distract	ed By Source						
		Distracted By NOT A	PPLICABLE (NOT DISTRA	ACTED)					
		Distracted By Action							
		NOT DISTRACTED							

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		Non Motori	Striking Unit #	Location						
		Prior Action								
UNIT	INDIVIDUAL	Action								
		Action Other						To/From School		
	Drug & Alcohol NO			se	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 Result						
10	001	Drug Type								
		Individual Condition APPEARED NO								
	Pro	roperty Owner								
PROP 01 OWNER 01	Organization/Company RITE-WAY GAS STATION				Address E4905 USH 14 SPRING GREEN, WI 5	3588 , US				
	Fixe	d Objects St								
	5	J -	Struck Object OTHER POST, POLE	E OR SUPPORT			Structure Number	Damage Tag Number		