WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash Document #		23-00210 DEPUTY B			g Officer/Deputy 3. STODDARD			
32	Crash Date 01/06/2023	Crash Time 03:00 PM				Time Arrived 03:13 PM				
6TL0D6N03X	Date Notified 01/06/2023	Time Notified 03:03 PM	Total 02	Units	Total Injured 00	Total Kille	ed			
Ö	On Emergency Hit	and Run	Lane Closure	☐ Work Zone	Trailer	or Towed	Reporting Threshold			
6T	Government Property	Active School	ol Zone School	ol Bus Related	Tags					
	✓ Reportable	Crash Type DT4000 (STAND	ARD CRASH)		Amendo	ed	Secondary Crash			
	Description ———									
	Diagram	Ø				Photos By				
	STH 78					B STODDARD				
		O2 O1 CTH Z				Additional Info	TOS			
	I, a sworn law enforceme	H 78 TURNING RIGH	T(WEST) ONTO CTH Z.	. UNIT 2 WAS EASTBOU	ND ON CTH Z SLOV	/ING AS APPR	OACHING THE			
	INTERSECTION. UNIT 1 OPERATO	R TOOK THE TURN T	FOO WIDE AND STRUC	CK UNIT 2 IN UNIT 2'S LA	NE OF TRAVEL.					

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Crash Time 03:00 PM

	Loc	ation								
		CTHZ SB			Latitude			Longitud		
	_	TW			43.3134	140538		_	092177	
	OF	STH78 SB			X Coordi			Y Coord		
		HE TOWN OF PRAIRI	E DU SAC		278198			479925		
	IN S	AUK COUNTY			Structure Type			47 3323		
					Structure	етуре				
	Cra	sh Scene			-					
	First	Harmful Event			First Har	mful Event Lo	ocation			
	мо	TOR VEH IN TRANSPO	ORT		ON RO	ADWAY				
	Manı	ner of Collision			Light Cor	ndition				
	01 -	ANGLE			DAYLIC	SHT				
	Road	d Surface Condition(s)			Roadway	y Factor(s)				
	DRY	1								
	Envii	ronment Factor(s)								
	NON	NF			NONE					
	Wea	ther Condition(s)								
	CLE	AR								
	Anim	nal Type			Relation	To Trafficwa	у			
					TRAFF	ICWAY - O	- ON ROAD			
		h Classification - Location				assification -				
		BLIC PROPERTY			NO SPE	ECIAL JUR	ISDICTION			
	Triba	al Land				Access Control PARTIAL CONTROL			Special Study	
	\\/ithi	in Interchange Area	Junction Location	T	Intersection Type	AL CONTIN				
	NO	in interchange Area	INTERSECTION		T-INTERSECTION	**				
		· Cumamanı								
	Unit	t Summary Status		Vehicle Oper	rating As Classificatio	n	Unit Type			
								TRUCK		
	IN TRANSIT Vehicle Type			DOLAGO				Operating As Endorsements		
5	STRAIGHT TRUCK (INSERT TRUCK)						opo.ag			
		I Occs	Train/Bus # Recorded	Total # Citati	ons Issued	ed Total Trail		Total Haz	Mat Types	
	1			2		0		0		
	Insur	rance?	Direction Of Travel	Pre C	CrashTire	Fire Speed Line 55		Limit Total Lanes		
_	YES	}	SOUTHBOUND		Mark			2		
	Most	lost Harmful Event: Collision With		Special Fund				Emergency Motor Vehicle Use		
ر	MO	TOR VEH IN TRANSPO	ORT	NO SPECI	NO SPECIAL FUNCTION			NOT APPLICABLE		
	Traff	ic Way		Traffic Contro	Traffic Control			Traffic Control Inoperative/Missing		
	TWC	D-WAY, NOT DIVIDED		NO CONTR	ROL			NO		
		Surface Type			Road Curvature			Road Grade		
		CKTOP (BITUMINOU	S)	STRAIGHT				LEVEL		
		k Bus or HazMat	BINATION > 10,000LBS G	V/WP/GCWP						
		Vehicle	BINATION > 10,000LB3 G	VVVK/GCVVK						
		License Plate Number		Plate Type		St	Country of Is	SUANCE		
		PF30315		RM HEAVY TRU			Country of Issuance UNITED STATES			
		Vehicle Identification Nur	mher	Make	THE THE	Year		Model		
5	01	1GDT9E4Z2BV56725			GENERAL MOTORS COR		UNKNOWN	1		
		Color			GENERAL MOTORS COR 1981 Body Style		Bus Use			
		BLK - BLACK			TK - TRUCK					
	щ	Initial Contact Point		Vehicle Dan	nage		1		7 0 0 10 11	
=	VEHICL	11 - LEFT FRONT CO	DRNER						7 8 9 10 11	
	王	Extent Of Damage		11 - LEFT	FRONT CORNER	₹			6 2 2 12	
	VE	MINOR DAMAGE							5 4 3 2 1	
									04/00/0055	
	nsin N DT40	Motor Vehicle Crash	Thi		nclude any CJIS data of 6	a.		Crash Date Crash Time	9 01/06/2023 9 03:00 PM	

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		Towed Due To Damage		Vel	hicle Removed By				
		NOT TOWED			PERATOR				
		What Driver Was Doing		Vel	hicle Factors				
		RIGHT TURN Driver Prior Action Other		— NC	T APPLICABLE				
		Driver Prior Action Other			TAIT LIOABLE				
		Driver Actions							
	щ	FAILED TO KEEP IN DESIGNATED LANE							
UNIT	VEHICLE								
5	H								
	>								
		Owner Name			Owner Address				
		JERRY A LEISTER			3240 PATTY LN				
2	6	(608) 643-9527			MIDDLETON, WI	53562 , US			
	;	Sequence Of Events	}						
	6	MOTOR VEH IN TRANSF	PORT						
	05	Event							
	0								
	03	Event							
	40	Event							
	0								
╘	- 1	Policy Holder							
UNIT		Insurance Company STATE-FARM-GENERAL	INS.CO		ndividual JERRY LEISTER				
		Individual			JERRI LEIGIER				
		Driver		17	Citations Issued	Sex			
		JERRY LEISTER			2	MALE			
	¥	(608) 643-9527			Date of Birth	Race			
⊨	INDIVIDUAL				WHITE				
L N	≥	Address 3240 PATTY LN			Driver License Number				
	Ĭ	MIDDLETON, WI 53562	, US						
		On Dut	ty Crash		Safety Equipment				
	Sat	ety Equipment							
		Row	Seat Position		RESTRAINT USE U	JNKNOWN			
		01 - FRONT ROW	07 - LEFT						
		Helmet Use		- ['	Helmet Compliance				
		Eye Protection		1	Tint Compliance				
7	90	Injury S	Severity PPARENT INJURY		Airbag				
•	•	Ejected NO AI	Ejection Path		NON DEPLOYED		Tranned/Extricated		
	NOT EJECTED NOT EJECTED/NOT APP			T APPLIC	CABLE		Trapped/Extricated NOT TRAPPED		
		Medical Transport			EMS Agency Identifier		EMS Run#		
		NOT TRANSPORTED							
		Hospital		ľ	Date of Death		Time of Death		
		Distracted By	ted By Source				1		
	Distracted By								
		Distracted By Action UNKNOWN							

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data. $\begin{tabular}{ll} 3 & of & 6 \end{tabular}$

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

		Non Motorist	Striking Unit	:# L	ocation						
		Prior Action									
		THO ACTOR									
İ		Action									
	_										
١.	η										
L L	/ID										
⊃	INDIVIDUAL										
	Z										
		Action Other									To/From School
		1	Suspected A	Alcohol Use		Suspe	cted Drug Use				
	L	Drug & Alcohol	NO			NO					
		Alcohol Test Given		А	Icohol Test Ty	ре				Alcohol Tes	t Results
		TEST NOT GIVEN Drug Test Given			rug Test Type			Drug Tes	t Doculto		
		TEST NOT GIVEN			rug rest type			Diug ies	i Nesulis		
2	001	Drug Type		1							
	Ŏ										
		Individual Condition									
		APPEARED NORMAL									
		Violations UTC Number	Issue To?	Statute	e Number	Descri	ntion				
	01		001	341.0	4(1)	NON-	REGISTRATIO	N OF AU	TO, ET	3	
	02		Issue To?	Statute 346.0	e Number 5(1)	Descri OPEF	ption RATING LEFT C	F CENT	ER		
		Carrier									
		□ IIse Ve	hicle Own	ner Same	as Carrier		Source				
		Name	silicie Owi	ner Game	as carrier		Address				
2	01	Name					Addicas				
							, ,				
	(0	GVWR	1 \/4	ehicle Conf	iguration				Cargo	Body Type	
 _	BUS	OVVIK		CITICIC COITI	iguration				Cargo	г войу туре	
FIND		US DOT #	Ca	arrier Type					Permi	tted Load	
	JC	Lv	VI Permit Nu	ımhor							. I
	TRUCK	OS/OW Load	vi Feiiiii ivu	ilibei		mitted Vo Permitted	ehicle On Route	Esco	ort Vehic By Pe	le Require ermit	d Escort Vehicle Present
		Measured Height		Measured	Length		Measured Width			Measured W	/eight
		t Summary Status			I	Vehicle O	perating As Classi	fication		Unit Type	
		RANSIT				D CLAS	•	iioaliUH		AUTOMO	BILE
05		cle Type			I					Operating A	s Endorsements
•		SSENGER CAR	Train/P	Bus # Reco	rded I	Total # C:	ations Issued	I To	otal Traile	ire	Total HazMat Types
	1 ota	1000	I I all I/B	>uo # N€001	ucu	1 otal # Cli	auono issueu	0		a S	o
		rance?		on Of Trave	el	Pre	e CrashTire	1 1	peed Lim	it	Total Lanes
⊨	YES	•	EAST	BOUND		Ш	Mark	5	5		2

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3			Special Function NO SPECIAL FUNCTION	DN	Emergency Motor Vehicle Use NOT APPLICABLE					
	ı	,	Traffic Control		Traffic Control Inope	erative/Missing				
		,	STOP SIGN		NO Road Grade					
	ı		Road Curvature STRAIGHT		LEVEL					
		k Bus or HazMat								
	NO									
	1	Vehicle			Country of Issuance					
		License Plate Number	Plate Type	St						
		102YTH Vehicle Identification Number	AUT - AUTOMOBILE Make	WI Year	UNITED STATES Model					
05	05	2C4RC1BG3ER156531	CHRYSLER 2014		TOWN & COU					
		Color	Body Style		Bus Use					
		WHI - WHITE	VN - VAN							
١	Щ	Initial Contact Point	Vehicle Damage			7 8 9 10 11				
I N	2	09 - LEFT SIDE MIDDLE Extent Of Damage	07 - LEFT REAR COR	NER, 08 - LEF	T SIDE REAR, 09 -	6 7 12				
⊃	VEHICL	MINOR DAMAGE	LEFT SIDE MIDDLE			5 4 3 2 1				
	-	Towed Due To Damage	Vehicle Removed By							
		NOT TOWED	OPERATOR							
		What Driver Was Doing	Vehicle Factors							
		GOING STRAIGHT Driver Prior Action Other	NOT APPLICABLE							
		Direct Front Action Curiol								
		Driver Actions								
١.	Щ	NO CONTRIBUTING ACTION								
I N	VEHICLE									
5	卓									
	>									
		Owner Name	Owner Address 227 BARBARA ANN DR REEDSBURG, WI 53959 , US							
02	02	PAUL STRAUTMANN (608) 403-7838								
	Ŭ									
		L Sequence Of Events								
	5	Event								
	0	MOTOR VEH IN TRANSPORT								
	02	Event								
	က	Event								
	0									
	94	Event								
_		l Policy Holder								
I N		Insurance Company	Individual							
>		PROGRESSIVE-ADVANCED-INSURANCE-CO	PAUL STRAUTMANN							
	- 1	Individual								
		Driver PAUL STRAUTMANN	Citations Issued 0	Sex MALE						
	¥	(608) 403-7838	Date of Birth Race							
<u>⊢</u>	INDIVIDUAL			WHITE						
FIN	Σ	Address	Driver License Number							
	Ĭ	227 BARBARA ANN DR REEDSBURG, WI 53959 , US								
		,								
I			ı							

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Sat	On Duty Crash afety Equipment			Safety Equipment						
	Row 01 - FRONT ROW			SHOULDER & LAP BELT						
	Helmet Use Eye Protection			Helmet Compliance						
				Tint Compliance						
005			NJURY	Airbag URY NON DEPLOYED						
	Ejected	· ·				Trapped/Extricated				
		NOT EJEC	CTED/NOT APPL							
	Medical Transport NOT TRANSPORTED			- 1	EMS Run#					
	Hospital			Date of Death		Time of Death				
,	Distracted By NO	tracted By Source OT APPLICABL	E (NOT DISTRAC	CTED)						
	Distracted By Action NOT DISTRACTED									
	Non Motorist Str	iking Unit#	Location							
	Prior Action									
INDIVIDUAL										
	Action Other						To/From School			
	Su	spected Alcohol U	se	Suspected Drug Use						
L	Drug & Alcohol No)		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						
002	Drug Type									
	Individual Condition									
	APPEARED NORMAL									
	INDIVIDUAL 002	Row 01 - FRONT ROW Helmet Use Eye Protection Injury Injury	Row 01 - FRONT ROW 07 - LE Helmet Use Eye Protection Injury NO APPARENT IN Ejected NOT EJECTED NOT EJECTON NOT TRANSPORTED Hospital Distracted By Action NOT DISTRACTED Non Motorist Prior Action Action Action Action Action Action Action Action Prug & Alcohol NO Alcohol Test Given TEST NOT GIVEN Drug Type Individual Condition	Row 01 - FRONT ROW 07 - LEFT Row 01 - FRONT ROW 07 - LEFT	Row 01 - FRONT ROW 07 - LEFT Helmet Compliance Page	Row 01 - FRONT ROW 07 - LEFT Helmet Use Eye Protection Injury No APPARENT INJURY No APPARENT INJURY No TEJECTED Modical Transport NOT EJECTED NOT EJECTED Hospital Distracted By Action NOT DISTRACTED NOT DISTRACTED NOT Motorist Prior Action Action Action Action Action Action Test Not Given TEST NOT Given Drug Test Results Test Not Given Te	Safety Equipment Row O1 - FRONT ROW O7 - LEFT Helmet Compliance			

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