

6TL0B3P3JM  
23-00324

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 23-00324		Investigating Officer/Deputy DEPUTY J. GREENWOOD	
Crash Date 01/10/2023		Crash Time 07:17 AM		Date Arrived 01/10/2023		Time Arrived 07:32 AM	
Date Notified 01/10/2023		Time Notified 07:19 AM		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>	Reconstruction By
	Photos By DEPUTY GREENWOOD
	Additional Information PHOTOS

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

UNIT 1 WAS EB USH 14 AND ATTEMPTED TO ENTER THE PARKING LOT AND UNIT 1 SLID SIDEWAYS ON THE ROAD. UNIT 2 WAS WB USH 14 AND TRIED TO AVOID THE CRASH AND WAS UNABLE TO.

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## Location

ON USH14 EB 708 FT E OF STH60 EB IN THE TOWN OF SPRING GREEN IN SAUK COUNTY	Latitude 43.188183694	Longitude -90.067611478
	X Coordinate 250720.75	Y Coordinate 4786282
	Structure Type NO STRUCTURE	

## Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>01 - ANGLE</b>	Light Condition <b>DAWN</b>	
Road Surface Condition(s) <b>ICE</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>WEATHER CONDITIONS</b>		
Weather Condition(s) <b>FREEZING RAIN OR FREEZING DRIZZLE, FOG</b>		
Animal Type	Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>	Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land	Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>

## Unit Summary

UNIT 01	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>B CLASS</b>	Unit Type <b>TRUCK</b>		
	Vehicle Type <b>STRAIGHT TRUCK (INSERT TRUCK)</b>	Operating As Endorsements			
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>YES</b>	Direction Of Travel <b>EASTBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>45</b>	Total Lanes <b>2</b>
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>	Special Function <b>NO SPECIAL FUNCTION</b>	Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>		
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>	Traffic Control <b>NO CONTROL</b>	Traffic Control Inoperative/Missing <b>NO</b>		
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>	Road Curvature <b>STRAIGHT</b>	Road Grade <b>LEVEL</b>		
	Truck Bus or HazMat <b>TRUCK OR TRUCK COMBINATION &gt; 10,000LBS GVWR/GCWR</b>				

## Vehicle

UNIT VEHICLE 01	License Plate Number <b>PB9615</b>	Plate Type <b>HTK - HEAVY TRUCK</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>3ALHCYD28LDLN4594</b>	Make <b>FREIGHTLINER CORP</b>	Year <b>2020</b>	Model <b>M2</b>
	Color <b>WHI - WHITE</b>	Body Style <b>ST - STAKE TRUCK</b>	Bus Use	
	Initial Contact Point <b>01 - RIGHT FRONT CORNER</b>	Vehicle Damage <b>01 - RIGHT FRONT CORNER</b>		
	Extent Of Damage <b>MINOR DAMAGE</b>			



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UNIT VEHICLE	Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OPERATOR</b>	
	What Driver Was Doing <b>LEFT TURN</b>	Vehicle Factors	
	Driver Prior Action Other	<b>NOT APPLICABLE</b>	
	Driver Actions <b>SPEED TOO FAST/COND</b>		
01 01	Owner Name <b>TOWN &amp; COUNTRY SANITATION INC</b>	Owner Address <b>104 N PARK ST PO BOX 7 BOSCOBEL, WI 53805 , US</b>	
	<b>Sequence Of Events</b>		
01 02 03 04	Event <b>MOTOR VEH IN TRANSPORT</b>		
	Event		
	Event		
	Event		
UNIT	<b>Policy Holder</b>		
	Insurance Company <b>SECURA-INS-CO</b>	Organization/Company <b>TOWN &amp; COUNTRY SANITATION INC</b>	
UNIT INDIVIDUAL	<b>Individual</b>		
	Driver <b>KEVIN JAMES GRISWOLD (608) 379-4949</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>
	Address <b>401 W CHERRY ST LANCASTER, WI 53813 , US</b>	Date of Birth [REDACTED]	Race <b>WHITE</b>
		Driver License Number [REDACTED]	<b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>
01 001	<b>Safety Equipment</b>		On Duty Crash
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>
	Helmet Use		Helmet Compliance
	Eye Protection		Tint Compliance
	<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>
Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>
Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #
Hospital		Date of Death	Time of Death
<b>Distracted By</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>	
Distracted By Action <b>NOT DISTRACTED</b>			

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UNIT INDIVIDUAL	Striking Unit #		Location		
	Prior Action				
	Action				
	Action Other			To/From School	
	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 01 001 TRUCK BUS	<input checked="" type="checkbox"/> Use Vehicle Owner Same as Carrier			Source DRIVER
Name TOWN & COUNTRY SANITATION INC USDOT# 495587		Address 104 N PARK ST PO BOX 7 BOSCOBEL, WI 53805 , US			
GVWR MORE THAN 26,000 LB		Vehicle Configuration SINGLE UNIT TRUCK (3 OR MORE AXLES)	Cargo Body Type GARBAGE/REFUSE		
US DOT # 495587		Carrier Type INTRASTATE CARRIER	Permitted Load NOT APPLICABLE		
<input type="checkbox"/> OS/OW Load		WI Permit Number	<input type="checkbox"/> Permitted Vehicle On Permitted Route	<input type="checkbox"/> Escort Vehicle Required By Permit	<input type="checkbox"/> Escort Vehicle Present
Measured Height		Measured Length	Measured Width	Measured Weight	

Unit Summary

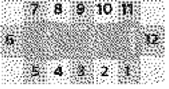
UNIT 02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type (SPORT) UTILITY VEHICLE				Operating As Endorsements	
	Total Occs 2	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 45	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	

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Truck Bus or HazMat NO				
<b>Vehicle</b>				
02 UNIT VEHICLE	License Plate Number <b>ASE3293</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	
	Country of Issuance <b>UNITED STATES</b>	Vehicle Identification Number <b>KL7CJPSB2MB343594</b>	Make <b>CHEVROLET</b>	
	Year <b>2021</b>	Model <b>TRAX</b>	Color <b>GRY - GRAY</b>	
	Body Style <b>UT - SPORT UTILITY VEHICLE</b>	Bus Use	Initial Contact Point <b>07 - LEFT REAR CORNER</b>	
	Vehicle Damage <b>07 - LEFT REAR CORNER</b>			
	Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OPERATOR</b>		
	What Driver Was Doing <b>GOING STRAIGHT</b>	Vehicle Factors <b>NOT APPLICABLE</b>		
Driver Prior Action Other				
02 UNIT VEHICLE	Driver Actions <b>NO CONTRIBUTING ACTION</b>			
	Owner Name <b>LUKAS SCOTT MELVIN (608) 739-2832</b>	Owner Address <b>134 E FOREST ST # 35 LONE ROCK, WI 53556 , US</b>		
<b>Sequence Of Events</b>				
01 02 03 04 UNIT	Event <b>MOTOR VEH IN TRANSPORT</b>			
	Event			
	Event			
	Event			
<b>Policy Holder</b>				
Insurance Company <b>PROGRESSIVE-CLASSIC-INS-CO</b>		Individual <b>LUKAS MELVIN</b>		
<b>Individual</b>				
01 02 03 04 UNIT INDIVIDUAL	Driver <b>LUKAS SCOTT MELVIN (608) 739-2832</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>	
	Date of Birth [REDACTED]	Race <b>WHITE</b>		
	Address <b>134 E FOREST ST # 35 LONE ROCK, WI 53556 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
<b>Safety Equipment</b>		On Duty Crash		
Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>		
Helmet Use		Helmet Compliance		

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02 002	Eye Protection		Tint Compliance		
	<b>Injury</b>		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	
	<b>Distracted By</b>		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		
	Distracted By Action NOT DISTRACTED				
	<b>Non Motorist</b>		Striking Unit#	Location	
	Prior Action				
	Action				
UNIT INDIVIDUAL	Action Other		To/From School		
	<b>Drug &amp; Alcohol</b>		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				
	<b>Individual</b>				
	Passenger MIKALAH BROOKE MELVIN (608) 459-0996		Citations Issued 0	Sex FEMALE	
	Address 134 E FOREST ST # 35 LONE ROCK, WI 53556 , US		Date of Birth [REDACTED]	Race WHITE	
			Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
<b>Safety Equipment</b>		On Duty Crash	Safety Equipment		
Row 01 - FRONT ROW	Seat Position 09 - RIGHT	SHOULDER & LAP BELT			
Helmet Use		Helmet Compliance			
Eye Protection		Tint Compliance			

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02 003	INJURY	Injury Severity <b>NO APPARENT INJURY</b>		Airbag <b>NON DEPLOYED</b>			
		Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		Trapped/Extricated <b>NOT TRAPPED</b>		
		Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier		EMS Run #	
		Hospital		Date of Death		Time of Death	
		<b>Distracted By</b>	Distracted By Source				
		Distracted By Action					
		<b>Non Motorist</b>	Striking Unit #		Location		
		Prior Action					
		Action					
		Action Other					To/From School
02 003	INDIVIDUAL	<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>		Suspected Drug Use <b>NO</b>		
		Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type		Alcohol Test Results	
		Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type		Drug Test Results	
		Drug Type					
		Individual Condition <b>APPEARED NORMAL</b>					