

6TL0BC3B6S

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|--|--------------------------------------|--|--|--|--|--|--|
| Document Number Override | | Primary Crash Document # | | Agency Crash Number 23-01055 | | Investigating Officer/Deputy DEPUTY W. VERTEIN | |
| Crash Date 02/01/2023 | | Crash Time 09:01 AM | | Date Arrived 02/01/2023 | | Time Arrived 09:18 AM | |
| Date Notified 02/01/2023 | | Time Notified 09:03 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 checked="" 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

| | | | |
|---------|--|---|--|
| Diagram | | Reconstruction By | |
| | | Photos By W. VERTEIN #9122 | |
| | | Additional Information PHOTOS | |

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

ON THE DESCRIBED DATE, TIME, AND LOCATION, UNIT 1 WAS TRAVELING WESTBOUND AND UNIT 2 WAS TRAVELING EASTBOUND. WHILE THE OPERATOR OF UNIT 1 WAS ATTEMPTING TO NEGOTIATE A CURVE, SHE STATED SHE REACHED ABOVE HER VISOR TO GRAB A PAIR OF SUNGLASSES. UNIT 1 THEN CROSSED THE CENTERLINE STRIKING UNIT 2'S TRAILER. NO REPORTED INJURIES.

Location

| | | |
|---|---------------------------------------|-----------------------------------|
| ON STH60 WB 432 FT S OF CASSELL RD IN THE TOWN OF TROY IN SAUK COUNTY | Latitude 43.205747915 | Longitude -89.876249536 |
| | X Coordinate 266339.09375 | Y Coordinate 4787680 |
| | Structure Type NO STRUCTURE | |

Crash Scene

| | | | |
|---|--|---|---------------|
| First Harmful Event MOTOR VEH IN TRANSPORT | | First Harmful Event Location ON ROADWAY | |
| Manner of Collision 06 - SIDESWIPE/OPPOSITE DIRECTION | | Light Condition DAYLIGHT | |
| Road Surface Condition(s) DRY | | Roadway Factor(s) NONE | |
| Environment Factor(s) NONE | | | |
| Weather Condition(s) CLEAR | | | |
| Animal Type | | Relation To Trafficway TRAFFICWAY - ON ROAD | |
| Crash Classification - Location PUBLIC PROPERTY | | Crash Classification - Jurisdiction NO SPECIAL JURISDICTION | |
| Tribal Land | | Access Control NO CONTROL | Special Study |
| Within Interchange Area NO | Junction Location NON-JUNCTION | Intersection Type NOT AN INTERSECTION | |

Unit Summary

| | | | | | | |
|-------------|---|---|---|----------------------------|--|--|
| UNIT | Unit Status IN TRANSIT | | Vehicle Operating As Classification D CLASS | | Unit Type AUTOMOBILE | |
| | Vehicle Type (SPORT) UTILITY VEHICLE | | | | Operating As Endorsements | |
| | Total Occs 1 | Train/Bus # Recorded | Total # Citations Issued 1 | Total Trailers 0 | Total HazMat Types 0 | |
| | Insurance? YES | Direction Of Travel WESTBOUND | <input type="checkbox"/> 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 CURVE RIGHT | | Road Grade LEVEL | |
| | Truck Bus or HazMat NO | | | | | |

Vehicle

| | | | | | | | | |
|-------------|----------------|---|--|--|--|--|---------------------|---|
| UNIT | VEHICLE | License Plate Number AKU7622 | | | | Plate Type AUT - AUTOMOBILE | St WI | Country of Issuance UNITED STATES |
| | | Vehicle Identification Number 1FMCU9G69LUB18864 | | | | Make FORD | Year 2020 | Model ECP |
| | | Color BLK - BLACK | | | | Body Style UT - SPORT UTILITY VEHICLE | | Bus Use |
| | | Initial Contact Point 11 - LEFT FRONT CORNER | | | | Vehicle Damage 07 - LEFT REAR CORNER, 08 - LEFT SIDE REAR, 09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT | | |
| | | Extent Of Damage DISABLING DAMAGE | | | | | | |



WISCONSIN MOTOR VEHICLE
CRASH REPORT

| | | | | | |
|--|---|---|------------------------------------|---|--------------------------------|
| UNIT | Towed Due To Damage TOWED DUE TO DISABLING DAMAGE | | Vehicle Removed By | | |
| | What Driver Was Doing NEGOTIATING CURVE | | Vehicle Factors | | |
| | Driver Prior Action Other | | NOT APPLICABLE | | |
| | Driver Actions FAILED TO KEEP IN DESIGNATED LANE | | | | |
| 01 | 01 | Owner Name JAMIE WALLACE (608) 434-8667 | | Owner Address 750 GRAND AVE PRAIRIE DU SAC, WI 53578 , US | |
| | | Sequence Of Events | | | |
| UNIT | 01 | Event CROSS CENTERLINE | | | |
| | | Event MOTOR VEH IN TRANSPORT | | | |
| | | Event | | | |
| | | Event | | | |
| UNIT | 01 | Policy Holder | | | |
| | | Insurance Company PROGRESSIVE-ADVANCED-INSURANCE-CO | Individual JAMIE WALLACE | | |
| UNIT | 01 | Individual | | | |
| | | Driver JAMIE WALLACE (608) 434-8667 | | Citations Issued 1 | Sex FEMALE |
| | | Address 750 GRAND AVE PRAIRIE DU SAC, WI 53578 , US | | Date of Birth | Race WHITE |
| | | | | Driver License Number | |
| 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 DEPLOYED-SIDE |
| 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 OTHER DISTRACTION (ANIMAL, FOOD, GROOMING) | | | |
| Distracted By Action OTHER ACTION (LOOKING AWAY FROM TASK ETC) | | | | | |

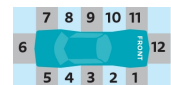
| | | | | | |
|--------------------|--|-------------------------------|------------------------------------|------------------------------------|---|
| UNIT INDIVIDUAL | Non Motorist | | Striking Unit # | Location | |
| | Prior Action | | | | |
| | Action | | | | |
| | Action Other | | | To/From School | |
| | 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 | | | | |
| | Violations | | | | |
| 01 | 001 | UTC Number AE138542 | Issue To? 001 | Statute Number 346.89(1) | Description INATTENTIVE DRIVING |

Unit Summary

| | | | | | | |
|------------|---|---|---|----------------------------|--|--|
| UNIT 02 | Unit Status IN TRANSIT | | Vehicle Operating As Classification D CLASS | | Unit Type TRUCK | |
| | Vehicle Type UTILITY TRUCK/PICKUP TRUCK | | | | Operating As Endorsements | |
| | Total Occs 2 | Train/Bus # Recorded | Total # Citations Issued 0 | Total Trailers 1 | Total HazMat Types 0 | |
| | Insurance? YES | Direction Of Travel EASTBOUND | <input type="checkbox"/> 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 CURVE LEFT | | Road Grade LEVEL | |
| | Truck Bus or HazMat NO | | | | | |

Vehicle

| | | | | | |
|------------|---|--|--|---------------------|---|
| UNIT 02 | License Plate Number SZ6466 | | Plate Type LTK - LIGHT TRUCK | St WI | Country of Issuance UNITED STATES |
| | Vehicle Identification Number 1GC3YLE73MF238005 | | Make CHEVROLET | Year 2021 | Model SLV |
| | Color BLK - BLACK | | Body Style PK - PICKUP | | Bus Use |
| | Initial Contact Point 00 - NON-COLLISION | | | | |



6TL0BC3B6S
23-01055

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

| | | | | | | |
|------------------------------|--|--|------------------------------|----------------------|--|--|
| UNIT VEHICLE | Vehicle Damage | | | | | |
| | Extent Of Damage NO DAMAGE | 00 - NO DAMAGE | | | | |
| | Towed Due To Damage NOT TOWED | Vehicle Removed By OPERATOR | | | | |
| | What Driver Was Doing NEGOTIATING CURVE | Vehicle Factors NOT APPLICABLE | | | | |
| UNIT VEHICLE | Driver Actions NO CONTRIBUTING ACTION | | | | | |
| | Owner Name KENAN POPPE (608) 341-6787 | Owner Address 1721 POMPEYS PILLAR RD HIGHLAND, WI 53543 , US | | | | |
| Sequence Of Events | | | | | | |
| UNIT VEHICLE | 01 | Event MOTOR VEH IN TRANSPORT | | | | |
| | 02 | Event | | | | |
| | 03 | Event | | | | |
| | 04 | Event | | | | |
| Policy Holder | | | | | | |
| UNIT VEHICLE | Insurance Company ERIE-INS-CO | Individual KENAN POPPE | | | | |
| | Trailer/Towed | | | | | |
| UNIT TRAILER/ | Trailer Plate # CA21582 | Plate Type TRL - TRAI | Make HAUI | State WI | Country of Issuance UNITED STATES | |
| | Unit Type RECREATIONAL | Individual MARTIN D POPPE (608) 929-1447 | | | Address 1721 POMPEYS PILLAR RD HIGHLAND, WI 53543 , US | |
| | Vehicle Identification Number 16HGB25283H102237 | | | | | |
| Individual | | | | | | |
| UNIT INDIVIDUAL | Driver KENAN POPPE (608) 341-6787 | | Citations Issued 0 | Sex MALE | | |
| | Address 1721 POMPEYS PILLAR RD HIGHLAND, WI 53543 , US | | Date of Birth | Race WHITE | | |
| | | | Driver License Number | | | |
| | | | | | | |
| Safety Equipment | | | | | | |
| On Duty Crash | | Safety Equipment SHOULDER & LAP BELT | | | | |
| Row 01 - FRONT ROW | Seat Position 07 - LEFT | | | | | |
| Helmet Use | | Helmet Compliance | | | | |
| Eye Protection | | Tint Compliance | | | | |

| | | | | | | |
|------------------------------|-----|---|--|--|--|----------------------|
| 02 | 002 | 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 | | |
| | | Non Motorist | | Striking Unit # | Location | |
| | | Prior Action | | | | |
| | | Action | | | | |
| | | Action Other | | | | |
| 02 | 002 | 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 BROCK JOHNSON (608) 574-5428 | | Citations Issued 0 | Sex MALE | |
| | | Address 855 FRANKLIN ST LINDEN, WI 53553 , US | | Date of Birth | Race WHITE | |
| | | | | Driver License Number | | |
| | | Safety Equipment | | On Duty Crash | | |
| Row 01 - FRONT ROW | | Seat Position 09 - RIGHT | | Safety Equipment SHOULDER & LAP BELT | | |
| Helmet Use | | Helmet Compliance | | | | |
| Eye Protection | | Tint Compliance | | | | |
| 02 | 003 | Injury | | Injury Severity NO APPARENT INJURY | Airbag NON DEPLOYED | |

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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|--|---|--|--|-----------------------|--|----------------|
| UNIT INDIVIDUAL 02 003 | 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 | | | | | |
| | 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 | | | | | | |

Witness

| | | | | | |
|-------------------|---|--|--|--|---------------|
| WITN ESS 01 | Individual LOGAN WILSON (608) 553-2280 | | Address 3626 COUNTY ROAD M DODGEVILLE, WI 53533 , US | | Date of Birth |
| | | | | | |