

6TL0BFKDJ3
23-00862

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 23-00862		Investigating Officer/Deputy DEPUTY H. VOLZ	
Crash Date 01/26/2023		Crash Time 09:55 AM		Date Arrived 01/26/2023		Time Arrived 10:09 AM	
Date Notified 01/26/2023		Time Notified 09:59 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

Diagram		Reconstruction By	
		Photos By DEPUTY H VOLZ #9137	
		Additional Information PHOTOS	
		<input checked="" type="checkbox"/> I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.	

UNIT 1 WAS TRAVELING WEST ON STH 154. UNIT 2 WAS TRAVELING EAST ON STH 154. UNIT 1 WAS ATTEMPTING TO NEGOTIATE THE CURVE WHEN HE LOST CONTROL ON THE SNOW AND SLUSH. UNIT 1 CROSSED THE CENTERLINE AND ENTERED THE EASTBOUND LANE. UNIT 1 STRUCK UNIT 2 THAT WAS TRAVELING EAST.

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Location

Table with location details: ON STH154 EB 0.36 MI S OF BUCKEYE RD IN THE TOWN OF EXCELSIOR IN SAUK COUNTY. Includes Latitude (43.482065543), Longitude (-89.953883357), X Coordinate (261118.859375), Y Coordinate (4818589), and Structure Type.

Crash Scene

Table with crash scene details: First Harmful Event (MOTOR VEH IN TRANSPORT), Manner of Collision (06 - SIDESWIPE/OPPOSITE DIRECTION), Road Surface Condition(s) (WET, SNOW, SLUSH), Environment Factor(s) (NONE), Weather Condition(s) (CLOUDY), Animal Type, Crash Classification - Location (PUBLIC PROPERTY), and Intersection Type (NOT AN INTERSECTION).

Unit Summary

Table with unit summary details: Unit Status (IN TRANSIT), Vehicle Type ((SPORT) UTILITY VEHICLE), Total Occs (1), Direction Of Travel (WESTBOUND), Most Harmful Event (MOTOR VEH IN TRANSPORT), Traffic Way (TWO-WAY, NOT DIVIDED), Surface Type (BLACKTOP (BITUMINOUS)), and Truck Bus or HazMat (NO).

Table with vehicle details: License Plate Number (AJB6211), Vehicle Identification Number (1J4GA39187L124304), Color (RED - RED), Initial Contact Point (08 - LEFT SIDE REAR), and Extent Of Damage (FUNCTIONAL DAMAGE). Includes a damage diagram grid.

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UNIT VEHICLE	Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR	
	What Driver Was Doing NEGOTIATING CURVE	Vehicle Factors NOT APPLICABLE	
	Driver Prior Action Other		
	Driver Actions SPEED TOO FAST/COND		
01 01	Owner Name SHAWN JAMES SCHMIDT (608) 415-0274	Owner Address S3986A ABLEMAN RD ROCK SPRINGS, WI 53961 , US	
	Sequence Of Events		
01 01	01 Event CROSS CENTERLINE		
	02 Event MOTOR VEH IN TRANSPORT		
	03 Event		
	04 Event		
UNIT	Policy Holder		
	Insurance Company STATE-FARM-MUTUAL-AUTOMOBILE-INS-CO	Individual SHAWN SCHMIDT	
UNIT INDIVIDUAL	Individual		
	Driver SHAWN JAMES SCHMIDT (608) 415-0274	Citations Issued 0	Sex MALE
		Date of Birth [REDACTED]	Race WHITE
	Address S3986A ABLEMAN RD ROCK SPRINGS, WI 53961 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
01 001	Safety Equipment		On Duty Crash
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	Safety Equipment SHOULDER & LAP BELT
	Helmet Use		Helmet Compliance
	Eye Protection		Tint Compliance
	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			

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UNIT INDIVIDUAL 01 001
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

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 0
Total HazMat Types 0
Insurance? YES
Direction Of Travel EASTBOUND
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

UNIT 02 VEHICLE 02
Vehicle
License Plate Number DN2506
Plate Type LTK - LIGHT TRUCK
St WI
Country of Issuance UNITED STATES
Vehicle Identification Number 1GCRKSE79DZ256951
Make CHEVROLET
Year 2013
Model SILVERADO
Color BLU - BLUE
Body Style PK - PICKUP
Bus Use
Initial Contact Point 10 - LEFT SIDE FRONT
Vehicle Damage 09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER
Extent Of Damage FUNCTIONAL DAMAGE
Towed Due To Damage NOT TOWED
Vehicle Removed By OPERATOR



WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT VEHICLE	What Driver Was Doing NEGOTIATING CURVE	Vehicle Factors		
	Driver Prior Action Other	NOT APPLICABLE		
	Driver Actions NO CONTRIBUTING ACTION			
02 02	Owner Name DARYL RAY STIEVE (608) 415-2254	Owner Address 1701 SCHILLER DRIVE STEVENS POINT, WI 54482 , US		
	Sequence Of Events			
01 02 03 04	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
UNIT	Policy Holder			
	Insurance Company PROGRESSIVE-MUTUAL-INS-CO-(ATTN:-AUTO-U	Individual DARYL STIEVE		
UNIT INDIVIDUAL	Individual			
	Driver DARYL RAY STIEVE (608) 415-2254	Citations Issued 0	Sex MALE	
		Date of Birth [REDACTED]	Race WHITE	
	Address 1701 SCHILLER DRIVE STEVENS POINT, WI 54482 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
02 002	Safety Equipment		Safety Equipment	
	On Duty Crash	SHOULDER & LAP BELT		
	Row 01 - FRONT ROW	Seat Position 07 - LEFT		
	Helmet Use	Helmet Compliance		
	Eye Protection	Tint Compliance		
02 002	Injury		Airbag	
	Injury Severity NO APPARENT INJURY	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	
02 002	Distracted By			
	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)			
	Distracted By Action NOT DISTRACTED			
02 002	Non Motorist			
	Striking Unit #	Location		

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UNIT	INDIVIDUAL	Prior Action	
		Action	
		Action Other	To/From School
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	
UNIT	INDIVIDUAL	Individual Condition APPEARED NORMAL	
		Individual	
		Passenger JANET KAY STIEVE	Citations Issued 0
			Sex FEMALE
			Date of Birth [REDACTED]
			Race
		Address 1701 SCHILLER DRIVE STEVENS POINT, WI 54482 , US	Driver License Number [REDACTED]
			STATE: WISCONSIN COUNTRY: UNITED STATES
		Safety Equipment On Duty Crash	
		Safety Equipment SHOULDER & LAP BELT	
Row 01 - FRONT ROW	Seat Position 09 - RIGHT		
Helmet Use	Helmet Compliance		
Eye Protection	Tint Compliance		
02	003	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			
Distracted By Action			
Non Motorist Striking Unit# Location			
Prior Action			

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UNIT INDIVIDUAL	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			
	02 003			