

6TL0D2XVQQ
23-02040

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 23-02040		Investigating Officer/Deputy DEPUTY B. SCHLOUGH	
Crash Date 02/28/2023		Crash Time 05:10 AM		Date Arrived 02/28/2023		Time Arrived 05:28 AM	
Date Notified 02/28/2023		Time Notified 05:15 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"/> 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	
<input type="checkbox"/> Trailer or Towed		<input checked="" type="checkbox"/> Reporting Threshold					

Description

Diagram		Reconstruction By	
<p>STH 23</p> <p>USH 14</p> <p>U1</p> <p>U2</p> <p>U2</p> <p>DRAWING NOT TO SCALE</p>		Photos By	
		Additional Information NONE	

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

UNIT 2 WAS TRAVELING E/B ON USH 14. UNIT 1 WAS W/B ON USH 14 AND ATTEMPTED TO MAKE A LEFT TURN ONTO STH 23. UNIT 1 FAILED TO YIELD RIGHT OF WAY TO UNIT 2. UNIT 2 IMPACTED UNIT 1 AT AN ANGLE. AFTER IMPACT UNIT 2 CAME TO REST ON THE E/B SHOULDER OF USH 14 FACING EAST. UNIT 1 CAME TO REST ON THE S/B SHOULDER OF STH 23.

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UNIT VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By MURRAY TRANSPORT AND RECOVERY		
	What Driver Was Doing LEFT TURN		Vehicle Factors		
	Driver Prior Action Other		NOT APPLICABLE		
	Driver Actions FAILED TO YIELD RIGHT-OF-WAY				
01 01	Owner Name SCULLY TRANSPORTATION COMPANY LLC (608) 666-2662		Owner Address 150 E FLINT ST PO BOX 398 LYNDON STATION, WI 53944 , US		
	Sequence Of Events				
01 01	01	Event MOTOR VEH IN TRANSPORT			
	02	Event			
	03	Event			
	04	Event			
UNIT 01	Policy Holder				
	Insurance Company FEDERATED-MUTUAL-INS-CO		Organization/Company SCULLY TRANSPORTATION COMPANY LLC		
UNIT 01 TRAILER/	Trailer/Towed				
	Trailer Plate # 714575	Plate Type TRL - TRAI	Make HEIL	State WI	Country of Issuance UNITED STATES
	Unit Type SEMI TRAILER	Organization/Company SCULLY TRANSPORTATION COMPANY LLC (608) 666-2662			Address 150 E FLINT ST PO BOX 398 LYNDON STATION, WI 53944 , US
	Vehicle Identification Number 5HTAM4520H7082031				
UNIT INDIVIDUAL	Individual				
	Driver MICHAEL PEASE (608) 547-1051		Citations Issued 1	Sex MALE	
	Address 1926 13TH DR FRIENDSHIP, WI 53934 , US		Date of Birth	Race WHITE	
Driver License Number					
01 001	Safety Equipment				
	On Duty Crash		Safety Equipment		
	Row 11 - OTHER ENCLOSED	Seat Position	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	

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UNIT	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			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					
01	Violations				
	UTC Number BG024626	Issue To? 001	Statute Number 346.18(2)	Description FAIL/YIELD WHILE MAKING LEFT TURN	
01	Carrier				
	<input checked="" type="checkbox"/> Use Vehicle Owner Same as Carrier		Source DRIVER		
01	Name SCULLY TRANSPORTATION COMPANY LLC USDOT# 732419		Address 150 E FLINT ST PO BOX 398 LYNDON STATION, WI 53944 , US		
	GVWR MORE THAN 26,000 LB	Vehicle Configuration SINGLE-UNIT TRUCK (2-AXLE AND GVWR MORE THA	Cargo Body Type NO CARGO BODY - (BOBTAIL, LIGHT MOTOR		
UNIT	US DOT # 732419	Carrier Type INTERSTATE 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	
TRUCK	Measured Height	Measured Length	Measured Width	Measured Weight	
	Hazardous Material				

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HAZ 01	HazMat Class 3 FLAMMABLE - (PIH) ZONE A	HazMat UN # 1203	HazMat Released NO
	HazMat Name FLAMMABLE LIQUID		HazMat Placard Displayed YES

Unit Summary

UNIT 02	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type TRUCK		
	Vehicle Type CARGO VAN (10,000 LBS OR LESS)		Operating As Endorsements		
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre CrashTire 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 STRAIGHT	Road Grade LEVEL	
	Truck Bus or HazMat NO				

Vehicle

UNIT 02 VEHICLE	License Plate Number XD70399	Plate Type HTK - HEAVY TRUCK	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1FTBW2CG2HKA02571	Make FORD	Year 2017	Model TRANSIT
	Color WHI - WHITE	Body Style VN - VAN	Bus Use	
	Initial Contact Point 01 - RIGHT FRONT CORNER	Vehicle Damage 01 - RIGHT FRONT CORNER		
	Extent Of Damage DISABLING DAMAGE			
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By WEGNER AUTO SERVICE		
	What Driver Was Doing GOING STRAIGHT	Vehicle Factors		
	Driver Prior Action Other	NOT APPLICABLE		
	Driver Actions NO CONTRIBUTING ACTION			
	Owner Name J H FINDORFF AND SON INC (608) 257-5321	Owner Address 300 S BEDFORD ST MADISON, WI 53703 , US		

Sequence Of Events

01	Event MOTOR VEH IN TRANSPORT
02	Event
03	Event
04	Event

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UNIT	Policy Holder		
	Insurance Company TRAVELERS-INDEMNITY-CO-OF-AMERICA		Organization/Company J H FINDORFF AND SON INC
UNIT	Individual		
	Driver DALE SHEMAK (608) 604-7013		Citations Issued 0
	Date of Birth		Sex MALE
	Address 18701 MILLER RD MUSCODA, WI 53573 , US		Race WHITE
02	002	On Duty Crash	
		Safety Equipment SHOULDER & LAP BELT	
		Row 01 - FRONT ROW	Seat Position 07 - LEFT
		Helmet Use	
		Helmet Compliance	
		Eye Protection	
		Tint Compliance	
		Injury	
		Injury Severity NO APPARENT INJURY	
		Airbag NON DEPLOYED	
UNIT	INDIVIDUAL	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			
02	002	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			

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Individual Condition

APPEARED NORMAL