

6TL0BGSFJL

23-02672

# 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 <b>23-02672</b>	Investigating Officer/Deputy <b>DEPUTY D. KROLIKOWSKI</b>	
Crash Date <b>03/17/2023</b>		Crash Time <b>09:30 PM</b>	Date Arrived <b>03/18/2023</b>	Time Arrived <b>06:56 AM</b>	
Date Notified <b>03/18/2023</b>		Time Notified <b>06:40 AM</b>	Total Units <b>02</b>	Total Injured <b>00</b>	Total Killed <b>00</b>
<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 <b>NO</b>		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

## Description

Diagram 	Reconstruction By
	Photos By
	Additional Information <b>NONE</b>

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

UNIT 2 WAS SOUTH BOUND ON CO RD G WHEN THE HORSE PULLING IT VEERED TO IT'S LEFT AND OVER THE CENTER LINE. THE HORSE AND BUGGY THEN CONTACTED THE DRIVER'S SIDE OF UNIT 1 WHICH WAS NORTH BOUND IT IT'S PROPER LANE. THE HORSE AND BUGGY CONTACTED THE DRIVER'S SIDE MIRROR OF UNIT 1 AND TRAILER UNIT 1 WAS PULLING. THE HORSE WAS INJURED SIGNIFICANTLY AND EUTHANIZED ON SCENE BY THE OWNER/OPERATOR OF UNIT 2

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## Location

ON CTHG NB 0.31 MI N OF STH130 NB IN THE TOWN OF WASHINGTON IN SAUK COUNTY	Latitude <b>43.413658992</b>	Longitude <b>-90.15258101</b>
	X Coordinate <b>244761.5</b>	Y Coordinate <b>4811581</b>
	Structure Type <b>NO STRUCTURE</b>	

## Crash Scene

First Harmful Event <b>DOMESTICATED ANIMAL - ALIVE</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>06 - SIDESWIPE/OPPOSITE DIRECTION</b>	Light Condition <b>DARK/UNLIT</b>	
Road Surface Condition(s) <b>DRY</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>		
Weather Condition(s) <b>CLEAR</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>D CLASS</b>	Unit Type <b>TRUCK</b>		
	Vehicle Type <b>UTILITY TRUCK/PICKUP TRUCK</b>	Operating As Endorsements			
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>1</b>	Total HazMat Types <b>0</b>
	Insurance? <b>YES</b>	Direction Of Travel <b>NORTHBOUND</b>	<input type="checkbox"/> <b>Pre CrashTire Mark</b>	Speed Limit <b>55</b>	Total Lanes <b>2</b>
	Most Harmful Event: Collision With <b>DOMESTICATED ANIMAL - ALIVE</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>NO</b>				

UNIT 01 VEHICLE	<b>Vehicle</b>			
	License Plate Number <b>DG93598</b>	Plate Type <b>LTK - LIGHT TRUCK</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>1GCHK23275F866563</b>	Make <b>CHEVROLET</b>	Year <b>2005</b>	Model <b>SILVERADO</b>
	Color <b>WHI - WHITE</b>	Body Style <b>PK - PICKUP</b>		Bus Use
	Initial Contact Point <b>10 - LEFT SIDE FRONT</b>	Vehicle Damage <b>09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT</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		
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors		
	Driver Prior Action Other		<b>NOT APPLICABLE</b>		
	Driver Actions <b>NO CONTRIBUTING ACTION</b>				
01	01	Owner Name <b>FLOYD KLOEHN (608) 604-5536</b>		Owner Address <b>445 EAST GAGE STREET RICHLAND CENTER, WI 53581 , US</b>	
<b>Sequence Of Events</b>					
	01	Event <b>DOMESTICATED ANIMAL - ALIVE</b>			
	02	Event			
	03	Event			
	04	Event			
UNIT	<b>Policy Holder</b>				
	Insurance Company <b>DAIRYLAND-AMERICAN-INS-CO</b>		Individual <b>MICHAEL KLOEHN</b>		
UNIT TRAILER/	<b>Trailer/Towed</b>				
	Trailer Plate # <b>ER28405</b>	Plate Type <b>TRL - TRAI</b>	Make <b>ALUT</b>	State <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Unit Type <b>UTILITY TRAILER</b>	Individual <b>FLOYD F KLOEHN (608) 604-5536</b>		Address <b>445 EAST GAGE STREET RICHLAND CENTER, WI 53581 , US</b>	
	Vehicle Identification Number <b>1A9LG2523G2241777</b>				
UNIT INDIVIDUAL	<b>Individual</b>				
	Driver <b>MICHAEL KLOEHN (608) 604-5536</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>	
			Date of Birth	Race <b>WHITE</b>	
	Address <b>445 EAST GAGE STREET RICHLAND CENTER, WI 53581 , US</b>		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
UNIT 001	<b>Safety Equipment</b>		On Duty Crash		
			Safety Equipment <b>SHOULDER &amp; LAP BELT</b>		
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</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>	

WISCONSIN MOTOR VEHICLE  
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UNIT	INDIVIDUAL	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>			
		<b>Non Motorist</b>	Striking Unit #	Location	
		Prior Action			
		Action			
		Action Other			To/From School
		<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			
01	001	Drug Type			
Individual Condition <b>NOT OBSERVED</b>					

**Unit Summary**

UNIT	02	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>O CLASS</b>	Unit Type <b>EQUIPMENT</b>		
		Vehicle Type <b>HORSE AND BUGGY</b>	Operating As Endorsements			
		Total Occs <b>6</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
		Insurance? <b>NO</b>	Direction Of Travel <b>SOUTHBOUND</b>	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit <b>55</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>NO</b>				

UNIT	02	<b>Vehicle</b>			
		License Plate Number	Plate Type	St	Country of Issuance
		Vehicle Identification Number	Make	Year	Model

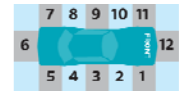
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UNIT VEHICLE	Color <b>BLK - BLACK</b>	Body Style <b>HE - HORSE-BUGGY</b>	Bus Use
	Initial Contact Point <b>11 - LEFT FRONT CORNER</b>	Vehicle Damage	
	Extent Of Damage <b>DISABLING DAMAGE</b>	<b>11 - LEFT FRONT CORNER, 12 - FRONT</b>	
	Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By	
	What Driver Was Doing <b>GOING STRAIGHT</b>	Vehicle Factors	
	Driver Prior Action Other	<b>NOT APPLICABLE</b>	
UNIT VEHICLE	Driver Actions <b>NO CONTRIBUTING ACTION</b>		
	Owner Name <b>MELVIN MILLER (608) 986-2211 EXT. 0</b>	Owner Address <b>S3939 FERN ROAD LOGAVILLE, WI 53943 , US</b>	
02 02	<b>Sequence Of Events</b>		
	01	Event <b>DOMESTICATED ANIMAL - ALIVE</b>	
	02	Event <b>MOTOR VEH IN TRANSPORT</b>	
	03	Event	
	04	Event	
UNIT INDIVIDUAL	<b>Individual</b>		
	Driver <b>MELVIN MILLER (608) 986-2211 EXT. 0</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>
	Address <b>S3939 FERN ROAD LOGANVILLE, WI 53943 , US</b>	Date of Birth	Race <b>WHITE</b>
02 002	On Duty Crash		Driver License Number
	<b>Safety Equipment</b>		Safety Equipment <b>NOT APPLICABLE</b>
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	
	Helmet Use		Helmet Compliance
	Eye Protection		Tint Compliance
	<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NOT APPLICABLE</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



WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT	INDIVIDUAL	<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		
		<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		
02	002	Individual Condition <b>NOT OBSERVED</b>		
		<b>Individual</b>		
		Occupant Of Non-Motor Vehicle Transportation Device <b>ERMA MILLER (608) 986-2211 EXT. 0</b>	Citations Issued <b>0</b> Sex <b>FEMALE</b>	
			Date of Birth Race <b>WHITE</b>	
		Address <b>S3939 FERN ROAD LOGANVILLE, WI 53943 , US</b>	Driver License Number	
		<b>Safety Equipment</b>	On Duty Crash Safety Equipment <b>NOT APPLICABLE</b>	
		Row <b>11 - OTHER ENCLOSED</b>	Seat Position	
		Helmet Use	Helmet Compliance	
		Eye Protection	Tint Compliance	
		02	003	<b>Injury</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			

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UNIT	Distracted By Action			
	<b>Non Motorist</b>			
	Striking Unit #	Location		
	Prior Action			
	Action			
	Action Other		To/From School	
	<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	
02	003	Drug Type		
		Individual Condition <b>NOT OBSERVED</b>		
		<b>Individual</b>		
		Occupant Of Non-Motor Vehicle Transportation Device <b>NATHAN MILLER (608) 986-2211 EXT. 0</b>		Citations Issued <b>0</b>
				Sex <b>MALE</b>
				Date of Birth
				Race <b>WHITE</b>
		Address <b>S3939 FERN ROAD LOGANVILLE, WI 53943 , US</b>		Driver License Number
		<b>Safety Equipment</b>		
		On Duty Crash		Safety Equipment
Row <b>11 - OTHER ENCLOSED</b>	Seat Position	<b>NOT APPLICABLE</b>		
Helmet Use		Helmet Compliance		
Eye Protection		Tint Compliance		
02	004	<b>Injury</b>		
		Injury Severity <b>NO APPARENT INJURY</b>		Airbag <b>NOT APPLICABLE</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		

WISCONSIN MOTOR VEHICLE CRASH REPORT

<b>UNIT</b>	<b>Non Motorist</b>		Striking Unit #	Location		
	Prior Action					
	Action					
	Action Other				To/From School	
<b>02</b>	<b>004</b>	<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>NOT OBSERVED</b>				
		<b>Individual</b>				
<b>UNIT</b>	<b>INDIVIDUAL</b>	Occupant Of Non-Motor Vehicle Transportation Device <b>CHRISTOPHER J MILLER (608) 986-2211 EXT. 0</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>	
				Date of Birth	Race <b>WHITE</b>	
		Address <b>S3939 FERN ROAD LOGANVILLE, WI 53943 , US</b>		Driver License Number		
<b>02</b>	<b>005</b>	<b>Safety Equipment</b>		On Duty Crash		
				Safety Equipment <b>NOT APPLICABLE</b>		
		Row <b>11 - OTHER ENCLOSED</b>	Seat Position			
		Helmet Use		Helmet Compliance		
		Eye Protection		Tint Compliance		
		<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NOT APPLICABLE</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			



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UNIT	INDIVIDUAL	Prior Action		
		Action		
		Action Other		To/From School
02	005	<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>NOT OBSERVED</b>		
		<b>Individual</b>		
UNIT	INDIVIDUAL	Occupant Of Non-Motor Vehicle Transportation Device <b>ABIGAIL MILLER (608) 986-2211 EXT. 0</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>
			Date of Birth	Race <b>WHITE</b>
		Address <b>S3939 FERN ROAD LOGANVILLE, WI 53943 , US</b>	Driver License Number	
		<b>Safety Equipment</b>	On Duty Crash	Safety Equipment <b>NOT APPLICABLE</b>
02	006	Row <b>11 - OTHER ENCLOSED</b>	Seat Position	<b>NOT APPLICABLE</b>
		Helmet Use	Helmet Compliance	
		Eye Protection	Tint Compliance	
		<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NOT APPLICABLE</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				

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UNIT	INDIVIDUAL	Action			
		Action Other		To/From School	
02	006	<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>NOT OBSERVED</b>					
UNIT	INDIVIDUAL	<b>Individual</b>			
		Occupant Of Non-Motor Vehicle Transportation Device <b>LILLY MILLER (608) 986-2211 EXT. 0</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
			Date of Birth	Race <b>WHITE</b>	
		Address <b>S3939 FERN ROAD LOGANVILLE, WI 53943 , US</b>	Driver License Number		
02	007	<b>Safety Equipment</b>			
		On Duty Crash	Safety Equipment <b>NOT APPLICABLE</b>		
		Row <b>11 - OTHER ENCLOSED</b>	Seat Position		
		Helmet Use		Helmet Compliance	
		Eye Protection		Tint Compliance	
<b>Injury</b>					
Injury Severity <b>NO APPARENT INJURY</b>		Airbag <b>NOT APPLICABLE</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					

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<b>UNIT</b>	<b>INDIVIDUAL</b>	Action				
		Action Other			To/From School	
	<b>02</b>	<b>007</b>	<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>NOT OBSERVED</b>			