

6TL0B655W7

23-04828


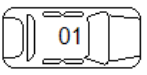
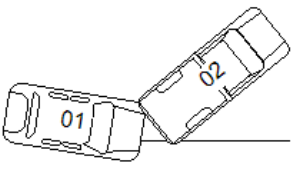
# WISCONSIN MOTOR VEHICLE CRASH REPORT

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<br><b>23-04828</b> | Investigating Officer/Deputy<br><b>DEPUTY W. NEUBAUER</b> |  |
| Crash Date<br><b>05/15/2023</b>                |   | Crash Time<br><b>09:20 AM</b>                | Date Arrived<br><b>05/15/2023</b>      | Time Arrived<br><b>09:40 AM</b>                           |  |
| Date Notified<br><b>05/15/2023</b>             |   | Time Notified<br><b>09:27 AM</b>             | Total Units<br><b>02</b>               | Total Injured<br><b>00</b>                                | Total Killed<br><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 type="checkbox"/> Trailer or Towed                 | <input type="checkbox"/> Reporting Threshold |
| <input type="checkbox"/> Government Property   | <input type="checkbox"/> Active School Zone | School Bus Related<br><b>NO</b>              |  | Tags  |  |
| <input checked="" type="checkbox"/> Reportable |   | Crash Type<br><b>DT4000 (STANDARD CRASH)</b> |  | <input type="checkbox"/> Amended                          | <input type="checkbox"/> Secondary Crash     |

## Description

|   |                                       |
|---|---------------------------------------|
| Diagram<br><br><h1>FARMS FIELD</h1><br><br><p><b>NOT TO SCALE</b></p>  | Reconstruction By                     |
|   | Photos By                             |
|   | Additional Information<br><b>NONE</b> |
|  <br><h1>CTY B</h1>   |                                       |
| <input checked="" type="checkbox"/> I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.   |                                       |
| UNITS 1 AND 2 WERE TRAVELING E/B ON CTY B. UNIT 2 SLOWED IN ANTICIPATION OF TURNING LEFT/NORTH ONTO A FIELD DRIVE. UNIT 1 OBSERVED UNIT 2 SLOWING, STATED RIGHT BLINKER WAS ON. UNIT 1 ENTERED W/B LANE IN PASSING ZONE IN EFFORT TO PASS UNIT 2. UNIT 2 MADE LEFT TURN. UNIT 1 TOOK EVASIVE ACTION AND COLLIDED FRONT TO REAR INTO UNIT 2. |                                       |

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## Location

|   |                                      |                                   |
|---|--------------------------------------|-----------------------------------|
| ON CTHB EB<br>1257 FT E<br>OF BUTTERNUT RD<br>IN THE TOWN OF FRANKLIN<br>IN SAUK COUNTY | Latitude<br><b>43.265519637</b>      | Longitude<br><b>-89.996130239</b> |
|   | X Coordinate<br><b>256837.671875</b> | Y Coordinate<br><b>4794660.5</b>  |
|   | Structure Type                       |                                   |

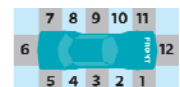
## Crash Scene

|   |   |   |
|---|---|---|
| First Harmful Event<br><b>MOTOR VEH IN TRANSPORT</b>      | First Harmful Event Location<br><b>ON ROADWAY</b>                     |   |
| Manner of Collision<br><b>03 - FRONT TO REAR</b>          | Light Condition<br><b>DAYLIGHT</b>                                    |   |
| Road Surface Condition(s)<br><b>DRY</b>                   | Roadway Factor(s)<br><br><b>NONE</b>                                  |   |
| Environment Factor(s)<br><b>NONE</b>                      |   |   |
| Weather Condition(s)<br><b>CLEAR</b>                      |   |   |
| Animal Type   | Relation To Trafficway<br><b>TRAFFICWAY - ON ROAD</b>                 |   |
| Crash Classification - Location<br><b>PUBLIC PROPERTY</b> | Crash Classification - Jurisdiction<br><b>NO SPECIAL JURISDICTION</b> |   |
| Tribal Land   | Access Control<br><b>NO CONTROL</b>                                   | Special Study                                   |
| Within Interchange Area<br><b>NO</b>                      | Junction Location<br><b>NON-JUNCTION</b>                              | Intersection Type<br><b>NOT AN INTERSECTION</b> |

## Unit Summary

|            |   |   |   |                            |                                |
|------------|---|---|---|----------------------------|--------------------------------|
| UNIT<br>01 | Unit Status<br><b>IN TRANSIT</b>                                    | Vehicle Operating As Classification<br><b>D CLASS</b> | Unit Type<br><b>AUTOMOBILE</b>                                |                            |                                |
|            | Vehicle Type<br><b>PASSENGER CAR</b>                                | Operating As Endorsements                             |   |                            |                                |
|            | Total Occs<br><b>1</b>  | Train/Bus # Recorded                                  | Total # Citations Issued<br><b>0</b>                          | Total Trailers<br><b>0</b> | Total HazMat Types<br><b>0</b> |
|            | Insurance?<br><b>YES</b>  | Direction Of Travel<br><b>EASTBOUND</b>               | <input checked="" type="checkbox"/> <b>Pre CrashTire Mark</b> | Speed Limit<br><b>55</b>   | Total Lanes<br><b>2</b>        |
|            | Most Harmful Event: Collision With<br><b>MOTOR VEH IN TRANSPORT</b> | Special Function<br><b>NO SPECIAL FUNCTION</b>        | Emergency Motor Vehicle Use<br><b>NOT APPLICABLE</b>          |                            |                                |
|            | Traffic Way<br><b>TWO-WAY, NOT DIVIDED</b>                          | Traffic Control<br><b>NO CONTROL</b>                  | Traffic Control Inoperative/Missing<br><b>NO</b>              |                            |                                |
|            | Surface Type<br><b>BLACKTOP (BITUMINOUS)</b>                        | Road Curvature<br><b>STRAIGHT</b>                     | Road Grade<br><b>LEVEL</b>                                    |                            |                                |
|            | Truck Bus or HazMat<br><b>NO</b>                                    |   |   |                            |                                |

|                       |   |   |                     |   |
|-----------------------|---|---|---------------------|---|
| UNIT<br>01<br>VEHICLE | <b>Vehicle</b>  |   |                     |   |
|                       | License Plate Number<br><b>ASX3006</b>                    | Plate Type<br><b>AUT - AUTOMOBILE</b>   | St<br><b>WI</b>     | Country of Issuance<br><b>UNITED STATES</b> |
|                       | Vehicle Identification Number<br><b>3FAHP07Z69R102893</b> | Make<br><b>FORD</b>   | Year<br><b>2009</b> | Model<br><b>FUSION</b>                      |
|                       | Color<br><b>BLU - BLUE</b>                                | Body Style<br><b>SD - SEDAN</b>   | Bus Use             |   |
|                       | Initial Contact Point<br><b>12 - FRONT</b>                | Vehicle Damage<br><b>01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT, 14 - UNDERCARRIAGE</b> |                     |   |



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|   |   |  |   |  |
|---|---|--|---|--|
| UNIT<br>VEHICLE                             | Towed Due To Damage<br><b>TOWED DUE TO DISABLING DAMAGE</b>             |  | Vehicle Removed By  |  |
|   | What Driver Was Doing<br><b>GOING STRAIGHT</b>                          |  | Vehicle Factors   |  |
|   | Driver Prior Action Other   |  | <b>NOT APPLICABLE</b>   |  |
|   | Driver Actions<br><b>NO CONTRIBUTING ACTION</b>                         |  |   |  |
| 01  | Owner Name<br><b>OLLIE LASSE (608) 432-8428</b>                         |  | Owner Address<br><b>25790 COUNTY HWY T<br/>HILLPOINT, WI 53937 , US</b> |  |
|   | <b>Sequence Of Events</b>   |  |   |  |
| 01  | 01  | Event<br><b>MOTOR VEH IN TRANSPORT</b> |   |  |
|   | 02  | Event                                  |   |  |
|   | 03  | Event                                  |   |  |
|   | 04  | Event                                  |   |  |
| UNIT  | <b>Policy Holder</b>  |  |   |  |
|   | Insurance Company<br><b>PROGRESSIVE-CASUALTY-INS-CO</b>                 |  | Individual<br><b>OLLIE LASSE</b>  |  |
| UNIT<br>INDIVIDUAL                          | <b>Individual</b>   |  |   |  |
|   | Driver<br><b>OLLIE LASSE (608) 432-8428</b>                             |  | Citations Issued<br><b>0</b>  | Sex<br><b>MALE</b>                                 |
|   | Address<br><b>25790 COUNTY HWY T<br/>HILLPOINT, WI 53937 , US</b>       |  | Date of Birth   | Race   |
|   | Driver License Number<br><b>STATE: WISCONSIN COUNTRY: UNITED STATES</b> |  |   |  |
| 01  | <b>Safety Equipment</b>   |  | On Duty Crash   |  |
|   | Row<br><b>01 - FRONT ROW</b>  |  | Seat Position<br><b>07 - LEFT</b>                                       | Safety Equipment<br><b>SHOULDER &amp; LAP BELT</b> |
|   | Helmet Use  |  | Helmet Compliance   |  |
|   | Eye Protection  |  | Tint Compliance   |  |
|   | <b>Injury</b>   |  | Injury Severity<br><b>NO APPARENT INJURY</b>                            | Airbag<br><b>DEPLOYED-FRONT</b>                    |
|   | Ejected<br><b>NOT EJECTED</b>   |  | Ejection Path<br><b>NOT EJECTED/NOT APPLICABLE</b>                      | Trapped/Extricated<br><b>NOT TRAPPED</b>           |
| Medical Transport<br><b>NOT TRANSPORTED</b> |   | EMS Agency Identifier                  | EMS Run #   |  |
| Hospital                                    |   | Date of Death                          | Time of Death   |  |
| <b>Distracted By</b>                        |   | Distracted By Source<br><b>UNKNOWN</b> |   |  |
| Distracted By Action<br><b>UNKNOWN</b>      |   |  |   |  |

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1300 LANGE COURT  
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|             |  |                     |                                    |                 |                                 |                |
|-------------|--|---------------------|------------------------------------|-----------------|---------------------------------|----------------|
| <b>UNIT</b> | <b>INDIVIDUAL</b>                              | <b>Non Motorist</b> |                                    | Striking Unit # | Location                        |                |
|             |  | Prior Action        |                                    |                 |                                 |                |
|             |  | Action              |                                    |                 |                                 |                |
|             | Action Other                                   |                     |                                    |                 |                                 | To/From School |
|             | <b>Drug &amp; Alcohol</b>                      |                     | Suspected Alcohol Use<br><b>NO</b> |                 | Suspected Drug Use<br><b>NO</b> |                |
|             | Alcohol Test Given<br><b>TEST NOT GIVEN</b>    |                     | Alcohol Test Type                  |                 | Alcohol Test Results            |                |
|             | Drug Test Given<br><b>TEST NOT GIVEN</b>       |                     | Drug Test Type                     |                 | Drug Test Results               |                |
|             | Drug Type                                      |                     |                                    |                 |                                 |                |
|             | Individual Condition<br><b>APPEARED NORMAL</b> |                     |                                    |                 |                                 |                |
|             | <b>01</b>                                      | <b>001</b>          |                                    |                 |                                 |                |

## Unit Summary

|             |           |   |  |   |  |   |                           |   |  |
|-------------|-----------|---|--|---|--|---|---------------------------|---|--|
| <b>UNIT</b> | <b>02</b> | Unit Status<br><b>IN TRANSIT</b>                  |  | Vehicle Operating As Classification<br><b>D CLASS</b> |  | Unit Type<br><b>TRUCK</b>   |                           |   |  |
|             |           | Vehicle Type<br><b>UTILITY TRUCK/PICKUP TRUCK</b> |  |   |  |   | Operating As Endorsements |   |  |
|             |           | Total Occs<br><b>1</b>                            |  | Train/Bus # Recorded                                  |  | Total # Citations Issued<br><b>0</b>                                |                           | Total Trailers<br><b>0</b>                          |  |
|             |           | Total HazMat Types<br><b>0</b>                    |  | Insurance?<br><b>YES</b>                              |  | Direction Of Travel<br><b>EASTBOUND</b>                             |                           | <input type="checkbox"/> <b>Pre Crash Tire Mark</b> |  |
|             |           | Speed Limit<br><b>55</b>                          |  | Total Lanes<br><b>2</b>                               |  | Most Harmful Event: Collision With<br><b>MOTOR VEH IN TRANSPORT</b> |                           |   |  |
|             |           | Special Function<br><b>NO SPECIAL FUNCTION</b>    |  |   |  | Emergency Motor Vehicle Use<br><b>NOT APPLICABLE</b>                |                           |   |  |
|             |           | Traffic Way<br><b>TWO-WAY, NOT DIVIDED</b>        |  |   |  | Traffic Control<br><b>NO CONTROL</b>                                |                           | Traffic Control Inoperative/Missing<br><b>NO</b>    |  |
|             |           | Surface Type<br><b>BLACKTOP (BITUMINOUS)</b>      |  | Road Curvature<br><b>STRAIGHT</b>                     |  | Road Grade<br><b>LEVEL</b>  |                           |   |  |
|             |           | Truck Bus or HazMat<br><b>NO</b>                  |  |   |  |   |                           |   |  |

|   |                |   |  |   |  |   |  |
|---|----------------|---|--|---|--|---|--|
| <b>UNIT</b>                             | <b>VEHICLE</b> | <b>Vehicle</b>                              |  |   |  |   |  |
|   |                | License Plate Number<br><b>354454F</b>      |  | Plate Type<br><b>LTK - LIGHT TRUCK</b>  |  | St<br><b>WI</b>                           |  |
|   |                | Country of Issuance<br><b>UNITED STATES</b> |  | Vehicle Identification Number<br><b>1GC2KZCG7DZ382237</b>                         |  | Make<br><b>CHEVROLET</b>                  |  |
|   |                | Year<br><b>2013</b>                         |  | Model<br><b>SILVERADO</b>   |  | Color<br><b>WHI - WHITE</b>               |  |
|   |                | Body Style<br><b>PK - PICKUP</b>            |  | Bus Use   |  | Initial Contact Point<br><b>06 - REAR</b> |  |
|   |                | Extent Of Damage<br><b>MINOR DAMAGE</b>     |  | Vehicle Damage<br><b>05 - RIGHT REAR CORNER, 06 - REAR, 07 - LEFT REAR CORNER</b> |  |   |  |
| Towed Due To Damage<br><b>NOT TOWED</b> |                | Vehicle Removed By<br><b>OPERATOR</b>       |  |   |  |   |  |

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|   |            |  |  |                               |  |
|---|------------|--|--|-------------------------------|--|
| UNIT  | VEHICLE    | What Driver Was Doing<br><b>LEFT TURN</b>                              | Vehicle Factors  |                               |  |
|   |            | Driver Prior Action Other  | <b>NOT APPLICABLE</b>  |                               |  |
| 02  | 02         | Driver Actions<br><b>NO CONTRIBUTING ACTION</b>                        |  |                               |  |
|   |            | Owner Name<br><b>GARY FEINER<br/>(608) 588-3584</b>                    | Owner Address<br><b>E5611 COUNTY ROAD WC<br/>SPRING GREEN, WI 53588 , US</b> |                               |  |
| <b>Sequence Of Events</b>                   |            |  |  |                               |  |
| UNIT  | 01         | Event<br><b>MOTOR VEH IN TRANSPORT</b>                                 |  |                               |  |
|   |            | Event  |  |                               |  |
|   |            | Event  |  |                               |  |
|   |            | Event  |  |                               |  |
| UNIT  | 02         | <b>Policy Holder</b>   |  |                               |  |
|   |            | Insurance Company<br><b>RURAL-MUTUAL-INS-CO-(ATTN:-CLAIMS-DEPT)</b>    | Individual<br><b>GARY FEINER</b>   |                               |  |
| UNIT  | INDIVIDUAL | <b>Individual</b>  |  |                               |  |
|   |            | Driver<br><b>GARY FEINER<br/>(608) 588-3584</b>                        | Citations Issued<br><b>0</b>   | Sex<br><b>MALE</b>            |  |
|   |            |  | Date of Birth  | Race<br><b>WHITE</b>          |  |
|   |            | Address<br><b>E5611 COUNTY ROAD WC<br/>SPRING GREEN, WI 53588 , US</b> | Driver License Number<br><b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>      |                               |  |
| 02  | 002        | <b>Safety Equipment</b>  |  | Safety Equipment              |  |
|   |            | On Duty Crash  | <b>SHOULDER &amp; LAP BELT</b>   |                               |  |
|   |            | Row<br><b>01 - FRONT ROW</b>   | Seat Position<br><b>07 - LEFT</b>  |                               |  |
|   |            | Helmet Use   |  | Helmet Compliance             |  |
|   |            | Eye Protection   |  | Tint Compliance               |  |
|   |            | <b>Injury</b>  | Injury Severity<br><b>NO APPARENT INJURY</b>                                 | Airbag<br><b>NON DEPLOYED</b> |  |
| Ejected<br><b>NOT EJECTED</b>               |            | Ejection Path<br><b>NOT EJECTED/NOT APPLICABLE</b>                     | Trapped/Extricated<br><b>NOT TRAPPED</b>                                     |                               |  |
| Medical Transport<br><b>NOT TRANSPORTED</b> |            | EMS Agency Identifier  | EMS Run #  |                               |  |
| Hospital                                    |            | Date of Death  | Time of Death  |                               |  |
| <b>Distracted By</b>                        |            | Distracted By Source<br><b>UNKNOWN</b>                                 |  |                               |  |
| <b>Distracted By Action</b>                 |            | <b>UNKNOWN</b>   |  |                               |  |
| <b>Non Motorist</b>                         |            | Striking Unit #  | Location   |                               |  |

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|             |  |                                    |                                 |  |
|-------------|--|------------------------------------|---------------------------------|--|
| <b>UNIT</b> | Prior Action                                   |                                    |                                 |  |
|             | Action   |                                    |                                 |  |
|             | Action Other                                   |                                    | To/From School                  |  |
|             | <b>Drug &amp; Alcohol</b>                      | Suspected Alcohol Use<br><b>NO</b> | Suspected Drug Use<br><b>NO</b> |  |
|             | Alcohol Test Given<br><b>TEST NOT GIVEN</b>    | Alcohol Test Type                  | Alcohol Test Results            |  |
|             | Drug Test Given<br><b>TEST NOT GIVEN</b>       | Drug Test Type                     | Drug Test Results               |  |
|             | Drug Type                                      |                                    |                                 |  |
|             | Individual Condition<br><b>APPEARED NORMAL</b> |                                    |                                 |  |
|             | <b>02</b>                                      | <b>002</b>                         |                                 |  |
|             |  |                                    |                                 |  |
|             |  |                                    |                                 |  |
|             |  |                                    |                                 |  |
|             |  |                                    |                                 |  |
|             |  |                                    |                                 |  |
|             |  |                                    |                                 |  |
|             |  |                                    |                                 |  |
|             |  |                                    |                                 |  |
|             |  |                                    |                                 |  |