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23-05722

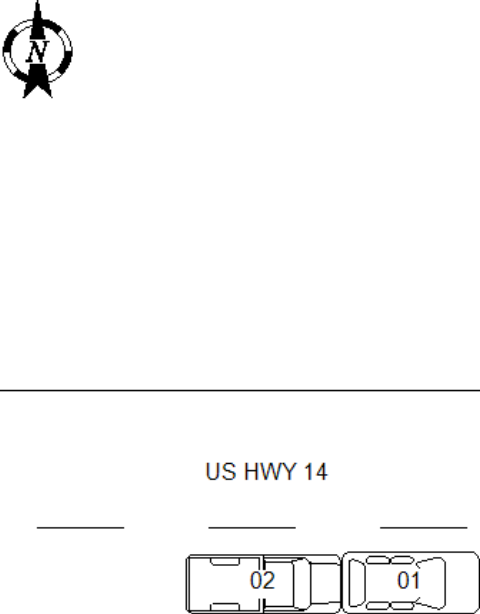
WISCONSIN MOTOR VEHICLE CRASH REPORT

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 23-05722	Investigating Officer/Deputy DEPUTY J. GREENWOOD	
Crash Date 06/04/2023		Crash Time 08:53 AM	Date Arrived 06/04/2023	Time Arrived 09:18 AM	
Date Notified 06/04/2023		Time Notified 08:55 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 type="checkbox"/> Reportable	Crash Type DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash	

Description

Diagram  <p>US HWY 14</p> <p>02 01</p> <p>Not o Scale</p>	Reconstruction By
	Photos By DEPUTY GREENWOOD
	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 E/B ON USH 14. UNIT 1 SLOWED/STOPPED. UNIT 2 WAS NOT ABLE TO STOP IN TIME AND BUMPED IN THE UNIT 1.	

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Location

ON USH14 EB 655 FT E OF PEARL RD IN THE TOWN OF SPRING GREEN IN SAUK COUNTY	Latitude 43.189919645	Longitude -90.09127179
	X Coordinate 248805.078125	Y Coordinate 4786545.5
	Structure Type NO STRUCTURE	

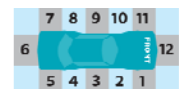
Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 03 - FRONT TO REAR	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 01	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR	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				

UNIT 01 VEHICLE	Vehicle			
	License Plate Number BH31228	Plate Type AUT - AUTOMOBILE	St IL	Country of Issuance UNITED STATES
	Vehicle Identification Number 19XFC2F78GE041978	Make HONDA	Year 2016	Model SEDAN
	Color WHI - WHITE	Body Style 4D - 4DR		Bus Use
	Initial Contact Point 06 - REAR	Vehicle Damage 00 - NO DAMAGE		



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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR	
	What Driver Was Doing SLOW/STOPPING		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
01	Owner Name ADAM HARDY (815) 590-3938		Owner Address 506 S WALNUT ST SHANNON, IL 61078 , US	
	Sequence Of Events			
01	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company PROGRESSIVE-CLASSIC-INS-CO		Individual ADAM HARDY	
UNIT INDIVIDUAL	Individual			
	Driver ADAM HARDY (815) 590-3938		Citations Issued 0	Sex MALE
	Address 506 S WALNUT ST SHANNON, IL 61078 , US		Date of Birth	Race WHITE
	Driver License Number STATE: ILLINOIS COUNTRY: UNITED STATES			
01	Safety Equipment		On Duty Crash	
	Row 01 - FRONT ROW		Seat Position 07 - LEFT	
	Safety Equipment SHOULDER & LAP BELT		Helmet Compliance	
	Helmet Use		Tint Compliance	
	Eye Protection		Airbag NON DEPLOYED	
	Injury		Injury Severity NO APPARENT INJURY	
001	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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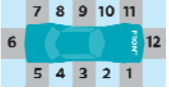
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UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location	
		Prior Action				
		Action				
	Action Other					To/From School
	Drug & Alcohol		Suspected Alcohol Use NO		Suspected Drug Use NO	
	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type		Alcohol Test Results	
	Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results	
	Drug Type					
	Individual Condition APPEARED NORMAL					
	01	001				

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		<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 STRAIGHT		Road Grade LEVEL			
		Truck Bus or HazMat NO							

UNIT	VEHICLE	02	Vehicle				
			License Plate Number NM4455		Plate Type LTK - LIGHT TRUCK		St WI
			Country of Issuance UNITED STATES		Vehicle Identification Number 1GCHTDEN1L1109913		Year 2020
			Model COLORADO		Color BLU - BLUE		Body Style PK - PICKUP
			Bus Use		Initial Contact Point 12 - FRONT		Vehicle Damage
			Extent Of Damage MINOR DAMAGE		12 - FRONT		
			Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR		

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UNIT VEHICLE	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions FOLLOWING TOO CLOSE			
	Owner Name ANTON REJHOLEC (608) 553-2466		Owner Address 32777 US HWY 14 LONE ROCK, WI 53556 , US	
UNIT 02	Sequence Of Events			
	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company STATE-FARM-GENERAL-INS-CO		Individual ANTON REJHOLEC	
	Individual			
UNIT INDIVIDUAL	Driver ANTON REJHOLEC		Citations Issued 0	Sex MALE
	Address 32777 US HWY 14 LONE ROCK, WI 53556 , US		Date of Birth	Race WHITE
	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES			
UNIT 02	Safety Equipment		On Duty Crash EMT/FIRST-RESPONDER	
	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			
Non Motorist		Striking Unit #	Location	

WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT	INDIVIDUAL	Prior Action			
		Action			
02	002	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			
		Individual			
		Passenger MARY REJHOLEC (608) 495-5330	Citations Issued 0	Sex FEMALE	
			Date of Birth	Race WHITE	
		Address 32777 US HWY 14 LONE ROCK, WI 53556 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
UNIT	INDIVIDUAL	Safety Equipment	On Duty Crash	Safety Equipment	
		Row 01 - FRONT ROW	Seat Position 09 - RIGHT	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			
02	003	Distracted By	Distracted By Source		
		Distracted By Action			
		Non Motorist	Striking Unit #	Location	
Prior Action					

WISCONSIN MOTOR VEHICLE CRASH REPORT

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					