WISCONSIN MOTOR VEHICLE CRASH REPORT

SAUK COUNTY SHERIFFS DEPARTMEN 1300 LANGE COURT BARABOO, WI 53913 (608) 356-4895

Crash Date 06/16/2023

Document Number Override	Primary Crash	Document #	Agency 23-062	Crash Number	Investigating C			
Crash Date 06/16/2023					Time Arrived 10:16 AM			
Date Notified 06/16/2023	Time Notified 10:02 AM		Total Ur	nits	Total Injured 00	Total Injured Total Killed		
On Emergency Government Property	On Emergency Hit and Run Lane Cl				▼ Trailer o	r Towed	Reporting Threshold	
Government Property		chool Zone	School NO	Bus Related	Tags			
✓ Reportable	Crash Type DT4000 (ST	ANDARD CRAS	H)		Amende	t	Secondary Crash	
Diagram STH 33 Private I	Orive Not to Scale				F	Reconstruction Photos By Additional Info		
, a sworn law enfo	rcement officer ad	ree that I have n	not added	l any C.IIS data in ti	nis report			
UNIT 1 IS A RAM PICK UP T						'AS UNABLE 1	TO SEE UNIT 2 AND	
STRUCK UNIT 2.								

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Crash Date 06/16/2023

L	_oc	ation								
		STH33 EB				Latitude			Longitue	de
		TW				43.63430	03975		-90.17	5804602
		DREAMLAND DR HE TOWN OF LA VAL	l E			X Coordin	ate		Y Coord	linate
		AUK COUNTY	-LL			243817.578125 4836159				
						Structure NO STR	Type UCTURE			
(`ra	sh Scene				ı				
_		Harmful Event				First Harm	nful Event Lo	acation		
		TOR VEH IN TRANSP	ORT			ON ROA		ocalion		
		ner of Collision	OK1			Light Cond				
		FRONT TO REAR				DAYLIG				
L		Surface Condition(s)				Roadway	Factor(s)			
	DRY									
ŀ	Environment Factor(s)									
	NON					NONE				
-	Wea	ther Condition(s)				-				
	CLE	. ,								
-	Anim	al Type				Relation T	o Trafficwa	v		
							CWAY - O	-		
Ī	Cras	h Classification - Location				Crash Cla	ssification -	Jurisdiction		
L	_	SLIC PROPERTY				NO SPECIAL JURISDICTION				
	Tribal Land					Access Control Special Study NO CONTROL				
	Withi	n Interchange Area	Junction Location INTERSECTION		Intersection	on Type SECTION				
L			INTEROLOTION		1-livi Eiv	OLOTION				
		Status		Vehicle Ope	oroting As C	locaification		I I I a la Trans		
		RANSIT		A CLASS		iassilication	1	Unit Type TRUCK		
ŀ		cle Type		A CLASS			Operating As Endorsements			
- 1		ICK TRACTOR (SEMI	ATTACHED)					opinion gradient		
L		Occs	Train/Bus # Recorded	Total # Cita	tions Issued	I	Total Trail	lers	Total Haz	Mat Types
	1			0			1		0	
ľ	Insur	ance?	Direction Of Travel	Pre	CrashTire)	Speed Lin	nit	Total Lan	es
	YES	1	WESTBOUND		Mark		55	2		
; [Harmful Event: Collision		Special Fur					Motor Vehicle Use	
		OR VEH IN TRANSPO	UKT		NO SPECIAL FUNCTION			Traffic Control Inoperative/Mis		
		ic Way D-WAY, NOT DIVIDED		Traffic Cont	IO CONTROL NO				uvenviissiiig	
		ace Type			Road Curvature			Road Grade		
		CKTOP (BITUMINOU	S)		STRAIGHT			LEVEL		
L		R Bus or HazMat	•					1		
\perp	TRU	CK OR TRUCK COM	BINATION > 10,000LBS	GVWR/GCWR						
	'	/ehicle		Plate Type						
		License Plate Number				IED	St	Country of Is:		
		Vahiala Identification Nur	Make	PPORTION	IED	WI Year	UNITED STATES			
	01	Vehicle Identification Nur 3C7WRNEL6NG3859		RAM			2022	Model 3500		
		Color	· • •	Body Style)			Bus Use		
				.,, .			l			
		BLK - BLACK		TK - TRU	JCK					
	Ξ.	BLK - BLACK Initial Contact Point		TK - TRU Vehicle Da						7 0 0 10 11
		Initial Contact Point 06 - REAR		Vehicle Da	amage					7 8 9 10 11
	/EHICLE	Initial Contact Point		Vehicle Da						7 8 9 10 11 6 2 2 12 5 4 3 2 1

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		Towed Due To Damage			Vehicle Remo	-					
		NOT TOWED			OPERATOR						
		What Driver Was Doing BACKING			Vehicle Facto	rs					
		Driver Prior Action Other			NOT APPLI	IOT APPLICABLE					
		Driver Frior Action Other				-,					
		Driver Actions									
l. I	Щ	UNSAFE BACKING									
L N	<u> </u>										
5	VEHICL										
	>										
		Owner Name			Owner Ad	ddress					
l_	_	THRIPLE S SHED TRA		O RD TB							
6	01				LONE R	ROCK, WI 5	3556 , US				
	;	Sequence Of Even	ts								
	01	Event MOTOR VEH IN TRAN	SPORT								
		Event									
	02	Evon									
	03	Event									
	0										
	04	Event									
.		Policy Holder									
L N		Insurance Company	Organizatio	on/Company							
5		ACUITY,-A-MUTUAL-INSURANCE-CO				S SHED TE	RANSPORT	T LLC			
	•	Trailer/Towed									
2			Plate Type	Make		State			y of Issuance		
			TRL - TRAI			WI			ED STATES		
_	Ä.		RANSPORTILC 30			Addres	dress 251 CO RD TB				
LIND		Unit Type	۱°	rganization/Company HRIPLE S SHED T	RANSPORT	LLC		30251			
	7	UTILITY TRAILER	Т	rganization/Company HRIPLE S SHED T	RANSPORT	LLC			ROCK, WI 53556 , US		
د	TRAILER/		Т	rganization/Company HRIPLE S SHED T	RANSPORT	LLC			ROCK, WI 53556 , US		
		UTILITY TRAILER Vehicle Identification Numb	Т	rganization/Company HRIPLE S SHED T	RANSPORT	LLC			ROCK, WI 53556 , US		
		UTILITY TRAILER Vehicle Identification Numb 1R9M3A329JS769142 Individual Driver	per T	rganization/Company HRIPLE S SHED T	RANSPORT Citations Is		Sex		ROCK, WI 53556 , US		
		UTILITY TRAILER Vehicle Identification Numb 1R9M3A329JS769142 Individual Driver SANFORD KAUFFMAN	per T	rganization/Company HRIPLE S SHED T	Citations Is	sued	Sex MALE		ROCK, WI 53556 , US		
Total Control of the	AL _	UTILITY TRAILER Vehicle Identification Numb 1R9M3A329JS769142 Individual Driver	per T	rganization/Company HRIPLE S SHED T	Citations Is	sued	MALE Race		ROCK, WI 53556 , US		
Total Control of the	AL _	UTILITY TRAILER Vehicle Identification Numb 1R9M3A329JS769142 Individual Driver SANFORD KAUFFMAN (608) 475-4533	per T	rganization/Company HRIPLE S SHED T	Citations Is 0 Date of Birt	sued	MALE		EROCK, WI 53556 , US		
UNIT	AL _	UTILITY TRAILER Vehicle Identification Numb 1R9M3A329JS769142 Individual Driver SANFORD KAUFFMAN (608) 475-4533 Address 25361 COUNTY HWY I	T T	HRIPLE S SHÉD T	Citations Is 0 Date of Birt Driver Lices	isued th	MALE Race WHITE	LONE			
Total Control of the		UTILITY TRAILER Vehicle Identification Numb 1R9M3A329JS769142 Individual Driver SANFORD KAUFFMAN (608) 475-4533 Address	T T	HRIPLE S SHÉD T	Citations Is 0 Date of Birt Driver Lices	isued th	MALE Race WHITE	LONE	EROCK, WI 53556 , US		
Total Control of the	AL _	UTILITY TRAILER Vehicle Identification Numb 1R9M3A329JS769142 Individual Driver SANFORD KAUFFMAN (608) 475-4533 Address 25361 COUNTY HWY E RICHLAND CENTER, N	N N S3581 ,	HRIPLE S SHÉD T	Citations Is 0 Date of Birt Driver Licer STATE: W	th nse Number	MALE Race WHITE	LONE			
Total Control of the	INDIVIDUAL	UTILITY TRAILER Vehicle Identification Numb 1R9M3A329JS769142 Individual Driver SANFORD KAUFFMAN (608) 475-4533 Address 25361 COUNTY HWY E RICHLAND CENTER, N	T T	HRIPLE S SHÉD T	Citations Is 0 Date of Birt Driver Lices	th nse Number	MALE Race WHITE	LONE			
Total Control of the	INDIVIDUAL	UTILITY TRAILER Vehicle Identification Numb 1R9M3A329JS769142 Individual Driver SANFORD KAUFFMAN (608) 475-4533 Address 25361 COUNTY HWY I RICHLAND CENTER, N	N ONI 53581 ,	HŘIPLE S SHÉD T	Citations Is 0 Date of Birt Driver Licer STATE: W	isued th nse Number VISCONSIN	MALE Race WHITE COUNTRY	LONE			
nocenous di	INDIVIDUAL	UTILITY TRAILER Vehicle Identification Numb 1R9M3A329JS769142 Individual Driver SANFORD KAUFFMAN (608) 475-4533 Address 25361 COUNTY HWY E RICHLAND CENTER, N	N Outy Crash	US t Position	Citations Is 0 Date of Birt Driver Licer STATE: W	th nse Number	MALE Race WHITE COUNTRY	LONE			
Total Control of the	INDIVIDUAL	UTILITY TRAILER Vehicle Identification Numb 1R9M3A329JS769142 Individual Driver SANFORD KAUFFMAN (608) 475-4533 Address 25361 COUNTY HWY E RICHLAND CENTER, N	N Outy Crash	HŘIPLE S SHÉD T	Citations Is 0 Date of Birt Driver Licer STATE: W	isued th nse Number VISCONSIN ipment ER & LAP E	MALE Race WHITE COUNTRY	LONE			
Total Control of the	INDIVIDUAL	UTILITY TRAILER Vehicle Identification Numb 1R9M3A329JS769142 Individual Driver SANFORD KAUFFMAN (608) 475-4533 Address 25361 COUNTY HWY I RICHLAND CENTER, N Row 01 - FRONT ROW Helmet Use	N Outy Crash	US t Position	Citations Is 0 Date of Birt Driver Lices STATE: W Safety Equ SHOULD	th nse Number VISCONSIN ipment ER & LAP E	MALE Race WHITE COUNTRY	LONE			
Total Control of the	INDIVIDUAL	UTILITY TRAILER Vehicle Identification Numb 1R9M3A329JS769142 Individual Driver SANFORD KAUFFMAN (608) 475-4533 Address 25361 COUNTY HWY I RICHLAND CENTER, N	N Outy Crash	US t Position	Citations Is 0 Date of Birt Driver Licer STATE: W Safety Equ SHOULD	th nse Number VISCONSIN ipment ER & LAP E	MALE Race WHITE COUNTRY	LONE			
TINO	INDIVIDUAL	UTILITY TRAILER Vehicle Identification Numb 1R9M3A329JS769142 Individual Driver SANFORD KAUFFMAN (608) 475-4533 Address 25361 COUNTY HWY E RICHLAND CENTER, W 1 - FRONT ROW Helmet Use Eye Protection	N Outy Crash Sea 07	US t Position	Citations Is 0 Date of Birt Driver Licer STATE: W Safety Equ SHOULD Helmet Con Tint Compli	th nse Number VISCONSIN ipment ER & LAP E	MALE Race WHITE COUNTRY	LONE			
Total Control of the	INDIVIDUAL	UTILITY TRAILER Vehicle Identification Numb 1R9M3A329JS769142 Individual Driver SANFORD KAUFFMAN (608) 475-4533 Address 25361 COUNTY HWY E RICHLAND CENTER, W 1 - FRONT ROW Helmet Use Injur	N Outy Crash	US t Position LEFT	Citations Is 0 Date of Birt Driver Lices STATE: W Safety Equ SHOULD	isued th Inse Number VISCONSIN ipment ER & LAP E Impliance iance	MALE Race WHITE COUNTRY	LONE			
TINO	INDIVIDUAL	UTILITY TRAILER Vehicle Identification Numb 1R9M3A329JS769142 Individual Driver SANFORD KAUFFMAN (608) 475-4533 Address 25361 COUNTY HWY E RICHLAND CENTER, W 1 - FRONT ROW Helmet Use Injur	N Outy Crash Sea 07 -	US t Position LEFT T INJURY	Citations Is 0 Date of Birt Driver Lices STATE: W Safety Equ SHOULD Helmet Cos Tint Compliance Airbag NON DEF	isued th Inse Number VISCONSIN ipment ER & LAP E Impliance iance	MALE Race WHITE COUNTRY	LONE			

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SAUK COUNTY SHERIFFS DEPARTMEN 1300 LANGE COURT BARABOO, WI 53913 (608) 356-4895

		Medical Transport			FMS A	gency Identifier		EMS Run #			
		NOT TRANSPORTED						LIVIO I Kulii #	Elvio Itali II		
					_				T: (D ()		
		Hospital			Date of	r Death		Time of Dea	itn		
		Distracted By NOT A	ted By Source	e F (NOT DISTRA	OTED)						
			APPLICABL	E (NOT DISTRA	CIED)						
		Distracted By Action NOT DISTRACTED									
		Striking	Unit#	Location							
		Non Motorist									
		Prior Action									
		Action									
	INDIVIDUAL										
⊢	Ď.										
LNO	9										
⊃	\leq										
	불										
	=										
		Action Other								To/From School	
	ı	Suspec	ted Alcohol U	se	Suspe	cted Drug Use					
	L	Drug & Alcohol No			NO	3 -					
		Alcohol Test Given		Alcohol Test Type				Alcohol Tes	t Results		
		TEST NOT GIVEN		7 (loon of rest Type	,		7 HOOHOI 103	rroduito			
		Drug Test Given				Drug Test Results					
		TEST NOT GIVEN	Drug Test Type		Drug Test Nesults						
	_										
5	001	Drug Type									
		Individual Condition									
		APPEARED NORMAL									
	(Carrier									
		— Haa Vahiala	O	Ci		Source					
		✓ Use Vehicle	Owner San	ne as Carrier	DRIVER						
5	_	Name			Address						
0	2	THRIPLE S SHED TRANSPORT LLC				30251 CO RD					
		USDOT# 2575616				LONE ROCK,	WI 53556 , U	3			
	S	GVWR		onfiguration				argo Body Type			
╘	BUS	MORE THAN 26,000 LB	TRUCK	MORE THAN 10,	000 LB	S, CAN NOT C	LASSIFY FI	_ATBED			
LNO		US DOT #	Carrier Ty	ре			Pe	ermitted Load	nitted Load		
ا ر	TRUCK	2575616	INTERS	TATE CARRIER			0	sow	DW WC		
	Ž		nit Number	Perm	itted Ve	ehicle On	Escort Ve	hicle Require	cle Required Focart Vahiala Bracent		
	H	✓ OS/OW Load		∠ Pe	rmitted	Route		Permit .			
		Measured Height	Measu	red Length		Measured Width		Measured W	eight eight		
	Llnii	t Summary						ı			
		Status ———		TV/	ehicle ∩r	perating As Classi	fication	Unit Type			
		RANSIT			CLASS	•		AUTOMOI	RII F		
		cle Type			JLAGG	•		Operating A		ents	
02		ORT) UTILITY VEHICLE						Sperating A	.c Lindolocii		
_	,	<u>, </u>	rain/Bus # Re	corded I T.	otal # Cit	ations Issued	Total Tr	railers	Total Hazl	Nat Tynes	
	10ta	10000	iaiii,Dus # INC	corded 1		ฉแบบ เอ เออน ซ น	0	allois	0	nat Typos	
				10			10		· •		

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23-06225

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SAUK COUNTY SHERIFFS DEPARTMEN 1300 LANGE COURT BARABOO, WI 53913 (608) 356-4895

Crash Date 06/16/2023

			Direction Of Travel		Pre CrashTire Spee		ed Limit Total Lanes				
╘	YES EASTBOUND				Mark 55			2			
UNIT		Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT			Special Function NO SPECIAL FUNCTION			Emergency Motor Vehicle Use NOT APPLICABLE			
	_	fic Way	KI		ffic Control			rol Inoperative/Missing			
		O-WAY, NOT DIVIDED			CONTROL		NO	ioi moporativo/missing			
		ace Type			ad Curvature		Road Grade	9			
	BLA	ACKTOP (BITUMINOUS))	ST	RAIGHT		LEVEL				
		k Bus or HazMat									
	NO										
		Vehicle		I DI.	Plate Type St Country of Issuance						
		License Plate Number AGY3675			JT - AUTOMOBILE	WI	UNITED S				
٠.		Vehicle Identification Numb	per		ake						
05	05	4S4BSAFC3H3302947		sı	JBARU	2017	Model OUTBACK				
		Color			dy Style	·	Bus Use				
		WHI - WHITE			F - SPORT UTILITY V	EHICLE					
-	쁫	Initial Contact Point 12 - FRONT		ve	hicle Damage			7 8 9 10 11			
UNIT	VEHICL	Extent Of Damage			I - RIGHT FRONT CO		FT FRONT	6 5 12			
ر	VE	MINOR DAMAGE	٦	ORNER, 12 - FRONT			5 4 3 2 1				
		Towed Due To Damage		Vehicle Removed By							
		NOT TOWED	OPERATOR								
		What Driver Was Doing STOP IN TRAFFIC	Vehicle Factors								
		Driver Prior Action Other	NOT APPLICABLE								
		Driver Actions	CTION								
_	VEHICLE	NO CONTRIBUTING A	CTION								
UNIT	$\stackrel{\circ}{=}$										
)	Ē										
		Owner Name MICHAEL LOSIC		Owner Address 260 S PRESTON AVE							
02	07	(608) 402-5264			REEDSBURG, WI 53959 , US						
		Sequence Of Even	ts								
		Event									
	2	MOTOR VEH IN TRAN	3PUKI								
	02	Event									
		Event									
	03	2.511									
	4	Event									
	04										
_		Policy Holder									
UNIT		Insurance Company			Individual						
_		PROGRESSIVE-CLASS	SIC-INS-CO		MICHAEL LOSIC						
		Individual			07. 17						
		Driver MICHAEL LOSIC			Citations Issued 0	Sex MALE					
	¥			L	Date of Birth	Race					
⊢	IDUAL					WHITE					

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Crash Date 06/16/2023

Z	>	Address				Driver License Number				
N	INDIV	260 S PRESTON AVE REEDSBURG, WI 53959 , US				STATE: WISCONSIN COUNTRY: UNITED STATES				
	Sat	On Duty Crash fety Equipment			Safety Equipment					
		Row Seat 01 - FRONT ROW 07 -				SHOULDER & LAP I	BELT			
		Helmet Use				Helmet Compliance				
		Eye Protection			Tint Compliance					
05	002	<i>Injury</i> N	ijury Sevei I O APPA	ity RENT IN	IJURY	NON DEPLOYED				
		Ejected	Eje	ection Pat	h			Trapped/Extricated		
		NOT EJECTED	N	OT EJEC	CTED/NOT APPL			NOT TRAPPED		
		Medical Transport NOT TRANSPORTE	D			EMS Agency Identifier		EMS Run #		
		Hospital				Date of Death		Time of Death		
		Distracted By N	istracted E	By Source	E (NOT DISTRAC	ACTED)				
		Distracted By Action NOT DISTRACTED								
		Non Motorist	triking Uni	t #	Location					
		Prior Action								
		Action								
	٩L									
UNIT	IDU,									
5	INDIVIDUAL									
	2									
		Action Other							To/From School	
		19	uspected /	Alcohol I I	80	Suspected Drug Use				
	L	Drug & Alcohol N	IO	1001101 0		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			
05	005	Drug Type								
		Individual Condition								
		APPEARED NORMA	AL							
l										