

6TL0B3P3KF  
23-06225

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>23-06225</b>	Investigating Officer/Deputy <b>DEPUTY J. GREENWOOD</b>	
Crash Date <b>06/16/2023</b>		Crash Time <b>10:00 AM</b>	Date Arrived <b>06/16/2023</b>	Time Arrived <b>10:16 AM</b>	
Date Notified <b>06/16/2023</b>		Time Notified <b>10:02 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

<p>Diagram</p>	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 1 IS A RAM PICK UP TOWING A TRAILER. UNIT 1 MISSED THE PRIVATE DRIVEWAY A BEGAN TO BACK UP. UNIT 1 WAS UNABLE TO SEE UNIT 2 AND STRUCK UNIT 2.

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Location

ON STH33 EB 60 FT W OF DREAMLAND DR IN THE TOWN OF LA VALLE IN SAUK COUNTY	Latitude <b>43.634303975</b>	Longitude <b>-90.175804602</b>
	X Coordinate <b>243817.578125</b>	Y Coordinate <b>4836159</b>
	Structure Type <b>NO STRUCTURE</b>	

Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>		First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>03 - FRONT TO REAR</b>		Light Condition <b>DAYLIGHT</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>INTERSECTION</b>	Intersection Type <b>T-INTERSECTION</b>	

Unit Summary

<b>UNIT</b>	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>A CLASS</b>		Unit Type <b>TRUCK</b>	
	Vehicle Type <b>TRUCK TRACTOR (SEMI ATTACHED)</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>WESTBOUND</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>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>TRUCK OR TRUCK COMBINATION &gt; 10,000LBS GVWR/GCWR</b>					

<b>UNIT</b>	<b>Vehicle</b>						
	<b>01</b>	License Plate Number <b>24604Z</b>		Plate Type <b>APO - APPORTIONED</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
		Vehicle Identification Number <b>3C7WRNEL6NG385943</b>		Make <b>RAM</b>	Year <b>2022</b>	Model <b>3500</b>	
		Color <b>BLK - BLACK</b>		Body Style <b>TK - TRUCK</b>		Bus Use	
	<b>VEHICLE</b>	Initial Contact Point <b>06 - REAR</b>		Vehicle Damage			
Extent Of Damage <b>NO DAMAGE</b>		<b>00 - NO DAMAGE</b>					



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UNIT VEHICLE	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>		
	What Driver Was Doing <b>BACKING</b>		Vehicle Factors		
	Driver Prior Action Other		<b>NOT APPLICABLE</b>		
	Driver Actions <b>UNSAFE BACKING</b>				
01 01	Owner Name <b>THRIPLE S SHED TRANSPORT LLC</b>		Owner Address <b>30251 CO RD TB LONE ROCK, WI 53556 , US</b>		
	<b>Sequence Of Events</b>				
01 01	01	Event <b>MOTOR VEH IN TRANSPORT</b>			
	02	Event			
	03	Event			
	04	Event			
UNIT 01	<b>Policy Holder</b>				
	Insurance Company <b>ACUITY,-A-MUTUAL-INSURANCE-CO</b>		Organization/Company <b>THRIPLE S SHED TRANSPORT LLC</b>		
UNIT TRAILER/ 01	<b>Trailer/Towed</b>				
	Trailer Plate # <b>FR19953</b>	Plate Type <b>TRL - TRAI</b>	Make <b>MYRS</b>	State <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Unit Type <b>UTILITY TRAILER</b>	Organization/Company <b>THRIPLE S SHED TRANSPORT LLC</b>			Address <b>30251 CO RD TB LONE ROCK, WI 53556 , US</b>
UNIT INDIVIDUAL 01	Vehicle Identification Number <b>1R9M3A329JS769142</b>				
	<b>Individual</b>				
	Driver <b>SANFORD KAUFFMAN (608) 475-4533</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>	
Address <b>25361 COUNTY HWY D RICHLAND CENTER, WI 53581 , US</b>		Date of Birth	Race <b>WHITE</b>		
		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
01 001	<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		
01 001	<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>	

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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		
		Drug Type					
		Individual Condition <b>APPEARED NORMAL</b>					
		UNIT	TRUCK	BUS	<b>Carrier</b>		
					<input checked="" type="checkbox"/> Use Vehicle Owner Same as Carrier	Source <b>DRIVER</b>	
Name <b>THRIPLE S SHED TRANSPORT LLC USDOT# 2575616</b>	Address <b>30251 CO RD TB LONE ROCK, WI 53556 , US</b>						
GVWR <b>MORE THAN 26,000 LB</b>	Vehicle Configuration <b>TRUCK MORE THAN 10,000 LBS, CAN NOT CLASSIFY</b>				Cargo Body Type <b>FLATBED</b>		
US DOT # <b>2575616</b>	Carrier Type <b>INTERSTATE CARRIER</b>				Permitted Load <b>OSOW</b>		
<input checked="" type="checkbox"/> OS/OW Load	WI Permit Number				<input checked="" type="checkbox"/> Permitted Vehicle On Permitted Route	<input type="checkbox"/> Escort Vehicle Required By Permit	<input type="checkbox"/> Escort Vehicle Present
Measured Height	Measured Length				Measured Width	Measured Weight	

Unit Summary

UNIT	02	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>AUTOMOBILE</b>
		Vehicle Type <b>(SPORT) UTILITY VEHICLE</b>		Operating As Endorsements
		Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>

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UNIT	Insurance?	Direction Of Travel	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit	Total Lanes	
	YES	EASTBOUND		55	2	
	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>						
<b>Vehicle</b>						
02	License Plate Number	Plate Type	St	Country of Issuance		
	<b>AGY3675</b>	<b>AUT - AUTOMOBILE</b>	<b>WI</b>	<b>UNITED STATES</b>		
02	Vehicle Identification Number	Make	Year	Model		
	<b>4S4BSAFC3H3302947</b>	<b>SUBARU</b>	<b>2017</b>	<b>OUTBACK</b>		
UNIT	Color	Body Style	Bus Use			
	<b>WHI - WHITE</b>	<b>UT - SPORT UTILITY VEHICLE</b>				
	Initial Contact Point	Vehicle Damage				
<b>12 - FRONT</b>	<b>01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT</b>					
Extent Of Damage	<b>MINOR DAMAGE</b>					
Towed Due To Damage	Vehicle Removed By					
<b>NOT TOWED</b>	<b>OPERATOR</b>					
What Driver Was Doing	Vehicle Factors					
<b>STOP IN TRAFFIC</b>	<b>NOT APPLICABLE</b>					
Driver Prior Action Other						
Driver Actions	<b>NO CONTRIBUTING ACTION</b>					
02	Owner Name	Owner Address				
	<b>MICHAEL LOSIC (608) 402-5264</b>	<b>260 S PRESTON AVE REEDSBURG, WI 53959 , US</b>				
<b>Sequence Of Events</b>						
01 02 03 04	Event	<b>MOTOR VEH IN TRANSPORT</b>				
	Event					
	Event					
	Event					
UNIT	<b>Policy Holder</b>					
	Insurance Company	Individual				
<b>PROGRESSIVE-CLASSIC-INS-CO</b>	<b>MICHAEL LOSIC</b>					
INDIVIDUAL	Driver	Citations Issued	Sex			
	<b>MICHAEL LOSIC</b>	<b>0</b>	<b>MALE</b>			
	Date of Birth	Race				
		<b>WHITE</b>				

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UN	INDIV	Address <b>260 S PRESTON AVE REEDSBURG, WI 53959 , US</b>		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
		<b>Safety Equipment</b>		Safety Equipment			
02	002	On Duty Crash	Row <b>01 - FRONT ROW</b>		Seat Position <b>07 - LEFT</b>		
		<b>SHOULDER &amp; LAP BELT</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>		
		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		
UNIT	INDIVIDUAL	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					
		Individual Condition <b>APPEARED NORMAL</b>					
		02	002				