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23-07116

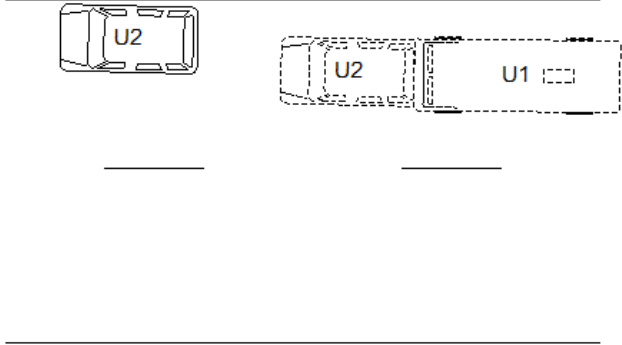
WISCONSIN MOTOR VEHICLE CRASH REPORT

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 23-07116	Investigating Officer/Deputy DEPUTY S. ELLICKSON	
Crash Date 07/05/2023		Crash Time 01:58 PM	Date Arrived 07/05/2023	Time Arrived 02:08 PM	
Date Notified 07/05/2023		Time Notified 01:58 PM	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 checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

Diagram <p style="text-align: center;">Not to Scale</p>  <p style="text-align: center;">E. Main Street</p>	Reconstruction By
	Photos By
	Additional Information PHOTOS

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

UNIT 1 AND UNIT 2 WERE TRAVELING WESTBOUND ON E. MAIN STREET JUST WEST OF LAVALLE STREET. UNIT 2 WAS SLOWING DOWN FOR VEHICLES TURNING ONTO E. MAIN STREET. UNIT 1 ATTEMPTED TO STOP AND REAR ENDED UNIT 2.

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Location

ON N EAST ST 11 FT N OF S EAST ST IN THE VILLAGE OF LA VALLE IN SAUK COUNTY	Latitude 43.582051898	Longitude -90.128465169
	X Coordinate 247417.703125	Y Coordinate 4830210.5
	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	Unit Status IN TRANSIT	Vehicle Operating As Classification B CLASS	Unit Type TRUCK		
	Vehicle Type STRAIGHT TRUCK (INSERT TRUCK)	Operating As Endorsements			
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 1	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 30	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 DOWNHILL		
	Truck Bus or HazMat TRUCK OR TRUCK COMBINATION > 10,000LBS GVWR/GCWR				

UNIT	VEHICLE	Vehicle			
		License Plate Number HD29388	Plate Type HTK - HEAVY TRUCK	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 1HTMMAAN52H536973	Make INTERNATIONAL	Year 2002	Model INTERNATIO
		Color WHI - WHITE	Body Style CB - CAB CHASSIS	Bus Use	
		Initial Contact Point 12 - FRONT	Vehicle Damage 00 - NO DAMAGE		
Extent Of Damage NO DAMAGE					



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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions FOLLOWING TOO CLOSE			
01 01	Owner Name ARBOR GREEN (608) 742-0055		Owner Address 430 E ALBERT ST PORTAGE, WI 53901 , US	
	Sequence Of Events			
01 02 03 04	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
UNIT	Policy Holder			
	Insurance Company CINCINNATI-INS-CO,-THE		Organization/Company ARBOR GREEN	
UNIT INDIVIDUAL	Individual			
	Driver BENJAMIN KELLOGG (608) 477-1431		Citations Issued 1	Sex MALE
	Address 412 HARRISON ST LA VALLE, WI 53941 , US		Date of Birth	Race WHITE
			Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
01 001	Safety Equipment		On Duty Crash	
	Row 01 - FRONT ROW		Seat Position 07 - LEFT	
			SHOULDER & LAP BELT	
	Helmet Use		Safety Equipment	
	Eye Protection		Helmet Compliance	
			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				

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UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location	
		Prior Action				
		Action				
	Action Other				To/From School	
	01	001	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	01	Violations			
UTC Number BC938708			Issue To? 001	Statute Number 346.14(1m)	Description AUTOMOBILE FOLLOWING TOO CLOSELY	
UNIT	TRUCK	BUS	Carrier		Source DRIVER	
			<input checked="" type="checkbox"/> Use Vehicle Owner Same as Carrier		Name ARBOR GREEN USDOT# 825500	
					Address 430 E ALBERT ST PORTAGE, WI 53901 , US	
	GVWR MORE THAN 26,000 LB		Vehicle Configuration SINGLE-UNIT TRUCK (2-AXLE AND GVWR MORE THA	Cargo Body Type CARGO TANK		
	US DOT # 825500		Carrier Type INTERSTATE CARRIER	Permitted Load NOT APPLICABLE		
	<input type="checkbox"/> OS/OW Load		WI Permit Number	<input 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 IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type AUTOMOBILE	
		Vehicle Type (SPORT) UTILITY VEHICLE		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 WESTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 30	Total Lanes 2
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION	Emergency Motor Vehicle Use NOT APPLICABLE	

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Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade DOWNHILL	
Truck Bus or HazMat NO					
Vehicle					
02	02	License Plate Number 724VHJ	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 2FMPK4K82FBB51945	Make FORD	Year 2015	Model EDGE
UNIT	VEHICLE	Color RED - RED	Body Style UT - SPORT UTILITY VEHICLE		Bus Use
		Initial Contact Point 06 - REAR	Vehicle Damage 06 - REAR		
UNIT	VEHICLE	Extent Of Damage FUNCTIONAL DAMAGE			
		Towed Due To Damage NOT TOWED	Vehicle Removed By OWNER		
UNIT	VEHICLE	What Driver Was Doing GOING STRAIGHT	Vehicle Factors		
		Driver Prior Action Other	NOT APPLICABLE		
UNIT	VEHICLE	Driver Actions NO CONTRIBUTING ACTION			
		Owner Name KATHLEEN STREICH (805) 807-0868	Owner Address E2477 LEANING TREE TRL LA VALLE, WI 53941 , US		
Sequence Of Events					
UNIT	01	Event MOTOR VEH IN TRANSPORT			
		Event			
		Event			
		Event			
UNIT	04	Policy Holder			
		Insurance Company AMERICAN-FAMILY-INS-CO	Individual KATHLEEN STREICH		
UNIT	INDIVIDUAL	Individual			
		Driver KATHLEEN STREICH (805) 807-0868	Citations Issued 0	Sex FEMALE	
			Date of Birth	Race WHITE	
Address E2477 LEANING TREE TRL LA VALLE, WI 53941 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES			
Safety Equipment		On Duty Crash			

Row

Seat Position

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02 002	Safety Equipment		SHOULDER & LAP BELT			
	01 - FRONT ROW	07 - LEFT				
	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			
	Prior Action					
	Action					
	Action Other					
	To/From School					
02 002	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					