WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash Document # Agency Crash Number Investigating Officer/Deputy 6TL0D1PTNK 23-07658 DEPUTY S. MESSNER							
Σ	Crash Date 07/18/2023	Crash Time 04:10 PM		Date Arr 07/18/2		Time Arrived 04:10 PM			
	Date Notified 07/18/2023			Total Un			Total Injured Total Killed 01 00		
LODIF	On Emergency Hit	and Run	Lane Closu	ıre	Work Zone	Trailer	or Towed	Reporting Threshold	
	Government Property	Active Sc	hool Zone	School E	Bus Related	Tags			
	✓ Reportable	Crash Type DT4000 (STA	NDARD CRASH)		Amend	ed	Secondary Crash	
	Description Diagram						Reconstruction	n Rv	
	Blagram				not to scale		Reconstruction	, by	
		1		ı	···orto ocaro	h			
							Photos By DEP. S. MES	SSNER #9134	
				,					
				an	nit 1 gets struck from other unit and gets shed into Unit 2		Additional Infor		
	I, a sworn law enforceme	nt officer, agre	ee that I have no	t added	any CJIS data in this	report.			
	ON 7/18/2023, AT APPROXIMATELY 5:00 PM, UNIT 1, A BLUE 2022 F250 PICKUP BEARING WI REGISTRATION PLATE #299807F, WAS BEING DRIVEN BY JACK D. CUMMINGS, WAS NORTH BOUND ON SAND ROAD. UNIT 1 WAS SLOWING DOWN AND CAME TO A STOP DUE TO TRAFFIC BEING BACKUP DUE TO CONGESTION. A SEPARATE UNIT STRUCK UNIT 1, REFERENCE DT4000 #6TL0D1PTNK, INTO UNIT 2, A BLACK 2019 DODGE RAM BEARING WI #NT3717, WAS DRIVEN BY MEREDITH L. BOWERS. UNIT 2 WAS SLOWING DOWN OR AT A COMPLETE STOP DUE TO PRIOR CONGESTION AND BACKUP ON THE ROADWAY. MINOR DAMAGED OCCURRED TO BOTH UNITS. UNIT 1'S DRIVER CLAIMED POSSIBLE INJURY TO HIS NECK. DELTON EMS CAME, ASSESSED, UNIT 1'S DRIVER. UNIT 1'S DRIVER REFUSED TRANSPORT. BOTH UNITS WERE REMOVED BY THEIR OPERATORS.								

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LOC	ation										
_	CTHA NB					Latitude			Longitude		
737 FT N						43.54873	33823		-89.738461168		
	SHADY LANE RD					X Coordinate			Y Coord	Y Coordinate	
	HE TOWN OF FAIRFI	ELD				278784.6			482539		
IN 5	AUK COUNTY					Structure Type					
						NO STRUCTURE					
Cro	sh Saana										
_	sh Scene					l e:					
	Harmful Event					First Harm		Location			
_	TOR VEH IN TRANSP	ORT				ON ROA					
	ner of Collision					Light Cond					
	FRONT TO REAR					DAYLIG					
Road	Surface Condition(s)					Roadway	Factor(s)				
DRY	•										
Envir	ronment Factor(s)										
NON	IE					BACKU	DUE TO	O PRIOR NON	-RECUR	RING INCIDENT	
Weat	ther Condition(s)										
CLE	AR										
Anim	al Type					Relation T	o Trafficw	<i>r</i> ay			
						TRAFFIC					
Cras	h Classification - Location					Crash Classification - Jurisdiction					
_	LIC PROPERTY					NO SPECIAL JURISDICTION					
Triba	Tribal Land				Access Contro			' '			
\\/ithi	n Interchange Area	Lunation Location			Intersectio	NO CONTROL					
NO	n Interchange Area	Junction Location NON-JUNCTION			Intersectio	in Type INTERSE	CTION				
	ure Type	NON CONCINCI		Reaso	ons for Closu		011011				
	E CLOSURE			iveaso	JIIS IOI CIUSI	Suite					
	Initial Lane/Rd Closed	Time Initial Lane/Rd Close	· al		ENEODO	EMENT C	THER				
	8/2023	05:00 PM	ea	LAVV	ENFORCI	EWIEN I, C	INEK				
-	All Lanes Open	Time All Lanes Open		Data 9	Date Scene Cleared Time Scene Cleared						
	8/2023	05:21 PM		07/18/2023				05:26 PM			
	Summary										
	Status		Vehi	cle One	erating As Cl	lassification		Unit Type			
_	RANSIT			D CLASS			ı		TRUCK		
	cle Type		100	LASS					Operating As Endorsements		
	ORT) UTILITY VEHICL	F				oporating the Endorsollarity			nents		
•	Occs	Train/Bus # Recorded	Tota	I # Cita	tions Issued		Total Tra	ailers I	Total Haz	Mat Types	
1	0003	Train/Bac // Traccoraca	0	ı # Oila	lions issued		0	alloro	0	Mat Typoo	
	ance?	Direction Of Travel						imit	Total Lanes		
YES		NORTHBOUND		Pre CrashTire		e 45		2			
	Harmful Event: Collision		Spec	cial Fun			70	Emergency		icle Use	
	TOR VEH IN TRANSP				IAL FUNC	CTION		Emergency Motor Vehicle Use NOT APPLICABLE			
	ic Way	OI(1	Traff	ic Cont	rol			Traffic Control Inoperative/Missing			
1								, ,			
•							NO Road Grade				
1 21				oad Curvature TRAIGHT		Road Grade					
	BLACKTOP (BITUMINOUS) STRA Truck Bus or HazMat				1			LEVEL			
NO	R Bus of Hazivial										
	/ahiala										
	/ehicle		Lou	-			C+	Country of	uones		
	License Plate Number			te Type			St	Country of Iss			
	299807F			M - FA	VICINI		WI	UNITED ST	AIES		
01	Vehicle Identification Nur		Mal				Year	Model			
0	1FT7X2B64NEE3440	1	FO	Kυ			2022	F250			

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		r								
		Color	Body Style Bus Use							
		DBL - BLUE, DARK	PK - PICKUP							
١. ا	쁘	Initial Contact Point		Vehicle Damage			7 8 9 10 11			
UNIT	\overline{c}	12 - FRONT				6 12				
5	VEHICLE	Extent Of Damage		12 - FRONT			5 4 3 2 1			
	>	FUNCTIONAL DAMAGE		Vahiala Danassad De						
		Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR							
		What Driver Was Doing		Vehicle Factors						
		SLOW/STOPPING		verlicie Factors						
		Driver Prior Action Other		NOT APPLICABLE						
		Billor Filor Floatori Carlor								
		Driver Actions								
	ш	NO CONTRIBUTING ACTION								
╘	VEHICLE									
UNIT	主									
_	5									
		Owner Name		Owner Address						
01	2	JACK CUMMINGS	W7210 COUNTY ROAD P							
0	0			ENDEAVOR, WI 53930 , US						
	;	Sequence Of Events								
	2	Event MOTOR VEH IN TRANSPOR	РΤ							
	02	Event								
	03	Event								
	40	Event								
_		L Policy Holder								
UNIT		Policy Holder Insurance Company Individual								
5		1ST-AUTO-&-CASUALTY-IN	IS-CO	JACK CUMMINGS						
		Individual								
		Driver		Citations Issued	Sex					
		JACK CUMMINGS	0	MALE	.E					
	₹		Date of Birth	Race						
_	DUAL		WHITE							
LINO	₹	Address		Driver License Number						
)	INDIN	W7210 COUNTY ROAD P		STATE: WISCONSIN COUNTRY: UNITED STATES						
	=	ENDEAVOR, WI 53930 , US								
	Sa	On Duty C	rash	Safety Equipment						
	Sal	fety Equipment								
		Row	Seat Position	SHOULDER & LAF	P BELT					
		01 - FRONT ROW	07 - LEFT							
		Helmet Use		Helmet Compliance						
		Eve Protection		T: 10 "						
		Eye Protection		Tint Compliance						
01	001	Injury Seve	=	Airbag						
0	ŏ		E INJURY	NON DEPLOYED						
		=	jection Path			Trapped/Extricated				
			OT EJECTED/NOT APP			NOT TRAPPED				
		Medical Transport		EMS Agency Identifie	r	EMS Run #				
		NOT TRANSPORTED								

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Crash Date 07/18/2023

Crash Time 04:10 PM

		Hospital			Date of Death			Time of Death			
		Distracted By NO	racted By Source T APPLICABL	E (NOT DISTRAC	CTED)			l			
		Distracted By Action NOT DISTRACTED									
		Non Motorist Strik	king Unit#	Location							
		Prior Action									
		Action									
_	UAL										
UNIT	INDIVIDUAL										
	N										
		Action Other								To/From School	
	L	Drug & Alcohol 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 Given TEST NOT GIVEN Drug Test T		pe Drug Test Results			S			
01	001	Drug Type									
		Individual Condition									
		APPEARED NORMAL									
	Unit	t Summary									
i		Status		V	ehicle Operating As Classi	fication		Unit Type			
	IN T	RANSIT		D	D CLASS			TRUCK			
02		icle Type						Operating A	s Endorsem	ents	
0	-	ORT) UTILITY VEHICLE		I					=		
	Tota 1	al Occs Train/Bus # Recorded			Total # Citations Issued Total Trai Total Trai Total Trai			ilers Total HazMat Types 0		Mat Types	
		rance? Direction Of Travel			Pre CrashTire Speed Li			nit	Total Lane	S	
UNIT	YES		NORTHBOU		Mark		45	Te	2		
5					Special Function NO SPECIAL FUNCTION			Emergency Motor Vehicle Use NOT APPLICABLE			
	Traff	ic Way		Tı	raffic Control			Traffic Control Inoperative/Missing		ve/Missing	
		D-WAY, NOT DIVIDED		N	O CONTROL			NO			
	Surface Type BLACKTOP (BITUMINOUS) Truck Bus or HazMat				Road Curvature STRAIGHT			Road Grade LEVEL			
				s							
	NO	K Bus or Hazmat									
		Vehicle									
		License Plate Number			Plate Type		St	Country of Is			
		NT3717			TK - LIGHT TRUCK		VI	UNITED ST	ATES		
02	02	Vehicle Identification Numl 1C6SRFFT2KN847442			Make RAM		⁄ear 2 019	Model 1500			
		Color	•		Body Style			Bus Use			
		BLK - BLACK			PK - PICKUP						

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⊢	CLE	Initial Contact Point V 06 - REAR		/ehicle Damage	7 8 9 10 11				
UNIT	VEHICLE	Extent Of Damage MINOR DAMAGE	06 - REAR		6 5 4 3 2 1				
	_	Towed Due To Damage	\	Vehicle Removed By					
		NOT TOWED							
		What Driver Was Doing	١	/ehicle Factors					
		SLOW/STOPPING							
		Driver Prior Action Other	'	NOT APPLICABLE					
		Driver Actions	L						
_	щ	NO CONTRIBUTING ACT	ON						
LNU	<u>디</u>								
É	VEHICL								
	>								
		Ourser News		Ourner Address					
		Owner Name DEAN POLAR		Owner Address N2594 KELLEEN	DR				
07	02			WAUPACA, WI 54					
		Sequence Of Events							
		Event							
	01	MOTOR VEH IN TRANSP	ORT						
	02	Event							
	03	Event							
		Event							
	04								
⊢		Policy Holder							
LIND		Insurance Company		Individual					
_		WEA-PROPERTY-&-CAS	JALTY-INS-CO	DEAN POLAR					
	ļ	Individual							
		Driver MEREDITH BOWERS		Citations Issued	Sex				
	Ļ	(608) 428-9095		0	FEMALE				
_	IDINIDUAL	(666) 126 6666		Date of Birth	Race WHITE				
		Address		Driver License Numbe					
5	D	N2594 KELLEEN DR		Driver License Number					
	Z	WAUPACA, WI 54981 , U	3	STATE: WISCONSIN COUNTRY: UNITED STATES					
		On Duty Crash		Safety Equipment					
	Sai	fety Equipment							
		Row	Seat Position	SHOULDER & LAP BELT					
		01 - FRONT ROW	07 - LEFT	Halman Camaliana					
		Helmet Use		Helmet Compliance					
		Eye Protection		Tint Compliance					
		Injury S	avority.	Airbag					
02	002		PARENT INJURY	NON DEPLOYED					
		Ejected	Ejection Path	ı		Trapped/Extricated			
		NOT EJECTED	NOT EJECTED/NOT APPL			NOT TRAPPED			
		Medical Transport		EMS Agency Identifier		EMS Run #			
		NOT TRANSPORTED		Date of Death		Time of Death			
		Hospital		Date of Death		Time of Death			

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		Distracted By	Distracted By Source NOT APPLICABL	E (NOT DISTRAC	CTED)			
		Distracted By Action NOT DISTRACTE		•	,			
		Non Motorist	Striking Unit#	Location				
		Prior Action						
		Action						
	UAL							
LNO	INDIVIDUAL							
	N							
		A 11 OH						17.75
		Action Other						To/From School
	ı	Drug & Alcohol	Suspected Alcohol U NO	se	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		
02	005	Drug Type						
		Individual Condition						
		APPEARED NORM	MAL					