

6TL0F8QXW1
SC23-11279

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 SC23-11279		Investigating Officer/Deputy DEPUTY J. GREENWOOD	
Crash Date 10/17/2023		Crash Time 04:29 PM		Date Arrived 10/17/2023		Time Arrived 04:46 PM	
Date Notified 10/17/2023		Time Notified 04:31 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"/> 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	
<input type="checkbox"/> Trailer or Towed		<input type="checkbox"/> Reporting Threshold					

Description

Diagram		Reconstruction By	
		Photos By GREENWOOD	
		Additional Information PHOTOS	

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

UNIT 1 WAS WB ON USH 12. UNIT 1 HAD TO STOP SUDDENLY DUE TO TRAFFIC STOPPING QUICKLY. UNIT 2 WAS WB BEHIND UNIT 1 AND WAS NOT ABLE TO STOP IN TIME. UNIT 2 HAD A CRACK IN THE BUMPER FROM UNIT 1'S TOW HITCH.

Location

ON USH12 WB 0.68 MI N OF USH12 WB IN THE TOWN OF PRAIRIE DU SAC IN SAUK COUNTY	Latitude 43.302859249	Longitude -89.759036045
	X Coordinate 276217.9375	Y Coordinate 4798144.5
	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 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 WESTBOUND	<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				

Vehicle

VEHICLE	License Plate Number XE26383	Plate Type LTK - LIGHT TRUCK	St WI	Country of Issuance UNITED STATES	
	Vehicle Identification Number 1FT7X2B61LED40224	Make FORD	Year 2020	Model F250	
	Color WHI - WHITE	Body Style PK - PICKUP		Bus Use	
	Initial Contact Point 06 - REAR	Vehicle Damage			
	Extent Of Damage NO 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 01	Owner Name GLACIER LANDSCAPE INC	Owner Address 7395 COUNTY ROAD PD VERONA, WI 53593 , US
	Sequence Of Events	
01 02 03 04	Event MOTOR VEH IN TRANSPORT	
	Event	
	Event	
	Event	
UNIT	Policy Holder	
	Insurance Company FEDERATED-MUTUAL-INS-CO	Organization/Company GLACIER LANDSCAPE INC
INDIVIDUAL	Individual	
	Driver BRADLEY PUNSEL	Citations Issued 0
		Sex MALE
		Date of Birth WHITE
	Address 5568 SHANNON WAY WAUNAKEE, WI 53597 , US	Driver License Number
01 001	Safety Equipment	
	On Duty Crash	Safety Equipment SHOULDER & LAP BELT
	Row 01 - FRONT ROW	Seat Position 07 - LEFT
	Helmet Use	Helmet Compliance
	Eye Protection	Tint Compliance
	Injury	Injury Severity NO APPARENT INJURY
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE
	Trapped/Extricated NOT TRAPPED	
	Medical Transport NOT TRANSPORTED	EMS Agency Identifier
	Hospital	EMS Run #
		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	
		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					
		UNIT	INDIVIDUAL	Individual			
Passenger LORI JOSS				Citations Issued 0	Sex FEMALE		
				Date of Birth	Race WHITE		
Address E11565 MOON RD BARABOO, WI 53913 , US				Driver License Number			
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			
UNIT	INDIVIDUAL			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			
		Distracted By Action					
		Non Motorist		Striking Unit #	Location		

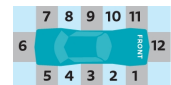
UNIT	INDIVIDUAL	Prior Action				
		Action				
		Action Other		To/From School		
	01	002	Drug & Alcohol		Suspected Alcohol Use NO	Suspected Drug Use NO
			Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	Alcohol Test Results
			Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Results
			Drug Type			
			Individual Condition APPEARED NORMAL			

Unit Summary

UNIT	02	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 WESTBOUND	<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					

Vehicle

UNIT	VEHICLE	02	02	License Plate Number ANN2430		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
				Vehicle Identification Number 1G1JC5SH3C4158057		Make CHEVROLET	Year 2012	Model SONIC
				Color RED - RED		Body Style SD - SEDAN		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 OWNER		
				What Driver Was Doing GOING STRAIGHT				



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UNIT VEHICLE	Driver Prior Action Other		Vehicle Factors NOT APPLICABLE	
	Driver Actions FOLLOWING TOO CLOSE			
	Owner Name JORGE OLIVARES		Owner Address 1625 WASHINGTON AVE SAUK CITY, WI 53583 , US	
	Sequence Of Events			
UNIT 01 02 03 04	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
UNIT	Policy Holder			
	Insurance Company PROGRESSIVE-CASUALTY-INS-CO		Individual JORGE OLIVARES	
UNIT INDIVIDUAL	Individual			
	Driver JORGE OLIVARES		Citations Issued 0	Sex MALE
	Address 1625 WASHINGTON AVE SAUK CITY, WI 53583 , US		Date of Birth	Race HISPANIC
			Driver License Number	
UNIT 02 003	Safety Equipment		On Duty Crash	
			Safety Equipment SHOULDER & LAP BELT	
	Row 01 - FRONT ROW	Seat Position 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	

UNIT	INDIVIDUAL		
	Prior Action		
	Action		
	Action Other		To/From School
	Drug & Alcohol		
	Suspected Alcohol Use YES		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		