

6TL0DWMLW0
23-11629

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 6TL0FB0004		Primary Crash Document #	Agency Crash Number 23-11629	Investigating Officer/Deputy DEPUTY W. NEUBAUER	
Crash Date 10/26/2023		Crash Time 01:50 PM	Date Arrived 10/26/2023	Time Arrived 02:33 PM	
Date Notified 10/26/2023		Time Notified 02:05 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 checked="" type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

Diagram	Reconstruction By
	Photos By Additional Information NONE

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

UNIT 1 WAS PARKED IN A LEGAL PARKING STALL. UNIT 1 DRIVER LOOKED BUT DID NOT SEE CHEVY TRUCK TRAVELING N/B ON STH 154. UNIT 1 PULLED INTO LANE OF TRAVEL. UNIT 2 AND UNIT 1 STRUCK CAUSING DAMAGE TO UNIT 1 HEADLIGHT AREA AND UNIT 2 FRONT PASSENGER SIDE AREA. UNIT 2 DRIVER GOT OUT AND STATED THEY DIDNT NEED TO CALL POILCE AND TOOK OFF. NO UNIT 2 INFO.

ON 10-26-23 AT APPROXIMATELY 1630 HRS I WAS CONTACTED BY JAMES EBERT WHO IDENTIFIED HIMSELF AS THE UNIT 2 DRIVER WHO HAD INITIALLY NOT REMAINED AT THE SCENE OF THE CRASH OR PROVIDED HIS INFORMATION. JAMES STATED HE HAD CALLED THE POLICE AND REPORTED THE MATTER, BUT THERE IS NO RECORD OF THIS. JAMES PROVIDED THE SAME SERIES OF EVENTS FOR THE CRASH AS THE UNIT 1 DRIVER HAD. JAMES FULLY ID'D HIMSELF AND HIS VEHICLE. PHOTOS OF THE DAMAGE TO THE VEH WERE DOCUMENTED. UNIT 2 DRIVER STATED HE WAS RUNNING LATE FOR WORK AND WAS WORRIED ABOUT GETTING FIRED FOR THE REASON HE HAD LEFT IN A HURRY.

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ADDITIONAL INFORMATION ABOUT UNIT 2 DRIVER

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Location

ON S MAIN ST/ STH23 EB 106 FT N OF WALNUT ST IN THE VILLAGE OF LOGANVILLE IN SAUK COUNTY	Latitude 43.440680515	Longitude -90.036727921
	X Coordinate 254251.125	Y Coordinate 4814233.5
	Structure Type	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 01 - ANGLE	Light Condition DAYLIGHT	
Road Surface Condition(s) WET	Roadway Factor(s) NONE	
Environment Factor(s) WEATHER CONDITIONS		
Weather Condition(s) CLOUDY, RAIN		
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	01	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 NORTHBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 25	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					
	01	Vehicle				
		License Plate Number 161XGE	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
	Vehicle Identification Number 2G4WC532651265718	Make BUICK	Year 2005	Model LACROSSE		

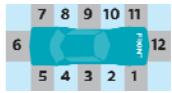
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Form with multiple sections: UNIT VEHICLE, UNIT VEHICLE, UNIT VEHICLE, Sequence Of Events, Policy Holder, Individual, Safety Equipment, Injury. Includes fields for color, body style, damage extent, driver actions, owner information, and injury severity.



WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT INDIVIDUAL 01 001	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
	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 TRUCK	
	Vehicle Type UTILITY TRUCK/PICKUP TRUCK				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 NORTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 25	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					

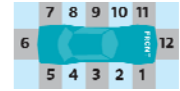
UNIT 02	Vehicle					
	License Plate Number SW5486		Plate Type LTK - LIGHT TRUCK		St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1GCPDBEK2PZ139710		Make CHEVROLET		Year 2023	Model SILVERADO
	Color WHI - WHITE		Body Style PK - PICKUP		Bus Use	

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UNIT VEHICLE	Initial Contact Point 01 - RIGHT FRONT CORNER		Vehicle Damage 01 - RIGHT FRONT CORNER	
	Extent Of Damage FUNCTIONAL DAMAGE			
	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
UNIT VEHICLE	Driver Actions NO CONTRIBUTING ACTION, UNKNOWN			
	Owner Name JAMES EBERT (608) 495-1927		Owner Address S6216 STATE HWY 154 HILLPOINT, WI 53937 , US	
UNIT VEHICLE	Sequence Of Events			
	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company PROGRESSIVE-CASUALTY-INS-CO		Individual JAMES EBERT	
UNIT INDIVIDUAL	Individual			
	Driver JAMES EBERT (608) 495-1927		Citations Issued 0	Sex MALE
	Address S6216 STATE HWY 154 HILLPOINT, WI 53937 , US		Date of Birth	Race WHITE
	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES			
UNIT VEHICLE	Safety Equipment		On Duty Crash	
	Safety Equipment			
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT	
	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	

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT INDIVIDUAL 02 002	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
	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, NOT OBSERVED					