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 23-11 | y Crash Number 928 | 0 0 | Investigating Officer/Deputy DEPUTY I. GALVAN | | | |
|-----|--------------------------|------------------------|--------------------|-----------------|-----------------------|-------------------------|---|---------------------|---|--|
| BD | Crash Date 11/03/2023 | Ordon Timo | | | rrived /2023 | Time Arrived 01:51 PM | 1 | | | |
| KR | Date Notified 11/03/2023 | Time Notified 01:37 PM | | | Inits | Total Injured 00 | • | | | |
| 0F2 | On Emergency | Hit and Run | and Run Lane Closu | | ☐ Work Zone | ▼ Trailer or | Towed | Reporting Threshold | | |
| 6TL | Government Property | Active So | Active School Zone | | Bus Related | Tags | Tags | | | |
| • | Reportable | Crash Type DT4000 (STA | NDARD CRASH |) | | Amended | | Secondar Crash | у | |

Diagram

STH 33 BETWEEN STH 136 AND GOLF COURSE ROAD

U2

U2

U2

O1

NOTTO SCALE

Reconstruction By

Photos By ISAAC GALVAN

Additional Information **PHOTOS**

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

UNIT 2 TRAVELING EASTBOUND ON STH 33/23 IN NUMBER 1 LANE. UNIT 1 TRAVELING EASTBOUND IN NUMBER 2 LANE AND SOON NEEDING TO MERGE ONTO NUMBER 1 LANE. UNIT 1 SPED UP BUT STRUCK UNIT 2'S MIRROR AND SIDE WITH REAR. NO INJURIES REPORTED. BOTH UNITS REMOVED BY OPERATORS.

Wisconsin Motor Vehicle Crash Form DT4000

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Location

WISCONSIN MOTOR VEHICLE CRASH REPORT

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| | 550 OF IN T | STH23 EB FT E GOLF COURSE RD HE CITY OF REEDSBI | 4 × | atitude 13.53253 Coordin | nate | | Y Coord | 2564452 dinate | | | | |
|-----|-------------------|--|--------------------------------|--------------------------|---|-------------|-------------------------------------|-------------------------------------|---------------|---------------|--|--|
| | IN S | SAUK COUNTY | | S | 260616.5 4824219.5 Structure Type NO STRUCTURE | | | | | | | |
| | Cra | sh Scene | | | | | | | | | | |
| 1 | - | Harmful Event | | | I F | First Harm | nful Event Lo | ocation | | | | |
| | MO. | TOR VEH IN TRANSPO | ORT | | | ON ROA | | Journal 1 | | | | |
| | Man | ner of Collision | | | L | ight Con- | dition | | | | | |
| | 07 - | SIDESWIPE/SAME DI | RECTION | | | DAYLIG | HT | | | | | |
| | Road | d Surface Condition(s) | | | F | Roadway | Factor(s) | | | | | |
| | DRY | ′ | | | | | | | | | | |
| | Envi | ronment Factor(s) | | | | | | | | | | |
| | NOI | NE | | | N | NONE | | | | | | |
| | Wea | ther Condition(s) | | | | | | | | | | |
| | | DUDY | | | | | | | | | | |
| | Anin | nal Type | | | l R | Relation T | To Trafficway | <i>y</i> | | | | |
| | , | , , , , | | | | | CWAY - O | • | | | | |
| | Cras | sh Classification - Location | | | С | Crash Cla | ssification - | Jurisdiction | | | | |
| | PUE | BLIC PROPERTY | | | N | NO SPE | CIAL JUR | ISDICTION | | | | |
| | Triba | al Land | | | | Access Co | | | Special Study | | | |
| | | · · | Junction Location | | Intersection | ,, | | | | | | |
| | NO | | NON-JUNCTION | | NOT AN IN | ITERSE | CTION | | | | | |
| | | t Summary 👅 | | | | | | | | | | |
| | | Init Status Vehicle Operating As C | | | | ssification | 1 | Unit Type | | | | |
| | | RANSIT | O CLASS | U CLASS | | | EQUIPMENT Operating As Endorsements | | | | | |
| 0.1 | | ehicle Type ARM TRACTOR/SELF PROPELLED | | | | | operating the Endorsements | | | | | |
| | | I Occs | Train/Bus # Recorded | Total # Citat | | Total Trail | ers | Total Ha | zMat Types | | | |
| | 1 | | | 0 | 0 | | | 0 | | | | |
| | | rance? | Direction Of Travel EASTBOUND | | CrashTire | | | imit Total La | | nes | | |
| - | YES | • t Harmful Event: Collision V | | Special Fun | Mark | 45 | | Emergency Motor Ve | | hicle Use | | |
| 5 | | TOR VEH IN TRANSPO | | | IAL FUNCTI | TION | | NOT APPLICABLE | | | | |
| | | ic Way | | Traffic Conti | trol | | | Traffic Control Inoperative/Missing | | ative/Missing | | |
| | | IDED HWY W/O TRAFF | FIC BARRIER | | CONTROL | | | NO | | | | |
| | | ace Type | 2) | Road Curva | | | | Road Grade | | | | |
| | | ACKTOP (BITUMINOUS k Bus or HazMat | ?) | STRAIGH | | | | UPHILL | | | | |
| | NO | N Du3 01 1 laziviat | | | | | | | | | | |
| | , | Vehicle | | | | | | | | | | |
| | | License Plate Number | | Plate Type | | | St | Country of Is | suance | | | |
| | | | | | | | | | | | | |
| 5 | _ | Vehicle Identification Num | nber | Make | | | Year | Model | | | | |
| > | 2 | M674972 | | RTH MOTOR | RTRU | 2000 | T800 SILAG | | | | | |
| | | Color WHI - WHITE | Body Style TC - TRA | | | | Bus Use | | | | | |
| | щ | Initial Contact Point | | Vehicle Da | | | | 1 | | | | |
| | 2 | 07 - LEFT REAR COR | NER | | | | | | | 7 8 9 10 11 | | |
| | /EHICL | Extent Of Damage | | | 07 - LEFT REAR CORNER | | | | | 6 | | |
| | 7 | MINOR DAMAGE | 3 4 3 2 1 | | | | | J 7 J Z 1 | | | | |
| | | | | | | | | | | | | |

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WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | | Towed Due To Damage | | Vehicle Removed By | | | | | |
|-----|------------|-------------------------------------|----------------------|---------------------------------|------|--------------------|--|--|--|
| | | NOT TOWED | | OPERATOR | | | | | |
| | | What Driver Was Doing | | Vehicle Factors | | | | | |
| | | CHANGING LANES | | NOT ADDITION DE | | | | | |
| | | Driver Prior Action Other | | NOT APPLICABLE | | | | | |
| | | Driver Actions | | | | | | | |
| | ш | FAILED TO KEEP IN DESIG | GNATED LANE | | | | | | |
| l⊨I | 긄 | | | | | | | | |
| IND | VEHICLE | | | | | | | | |
| - | ¥ | | | | | | | | |
| | | | | | | | | | |
| | | Owner Name NELSON CULP | | Owner Address 31121 PYFFEROE | NIN | | | | |
| 2 | 2 | (608) 963-4331 | | CAZENOVIA, WI | | | | | |
| | | | | | | | | | |
| | | Sequence Of Events | | | | | | | |
| | | Event | | | | | | | |
| | 2 | MOTOR VEH IN TRANSPO | RT | | | | | | |
| | 05 | Event | | | | | | | |
| | Ŭ | Event | | | | | | | |
| | 03 | Event | | | | | | | |
| | _ | Event | | | | | | | |
| | 8 | | | | | | | | |
| ╻ | | Policy Holder | | | | | | | |
| N | | Insurance Company | | Individual | | | | | |
| ╸ | | RURAL-MUTUAL-INS-CO- | ATTN:-CLAIMS-DEPT) | NELSON CULP | | | | | |
| | | Individual | | | | | | | |
| | | Driver | | Citations Issued | Sex | | | | |
| | 7 | NELSON CULP (608) 963-4331 | | 0 | MALE | | | | |
| . | INDIVIDUAL | (***,*** | | Date of Birth Race WHITE | | | | | |
| FIN | ₹ | Address | | Driver License Number | | | | | |
| ⊃ | ₫ | 31121 PYFFEROEN LN | _ | | | | | | |
| | = | CAZENOVIA, WI 53924 , U | S | | | | | | |
| | | | | | | | | | |
| | Sat | On Duty (| Crash | Safety Equipment | | | | | |
| | | Row | Seat Position | NOT APPLICABLE | | | | | |
| | | 01 - FRONT ROW | 07 - LEFT | 1.0.7 | | | | | |
| | | Helmet Use | | Helmet Compliance | | | | | |
| | | | | | | | | | |
| | | Eye Protection | | Tint Compliance | | | | | |
| _ | _ | Injury Sev | verity | Airbag | | | | | |
| 6 | 9 | London and a | ARENT INJURY | NON DEPLOYED | | | | | |
| | | Ejected | Ejection Path | | | Trapped/Extricated | | | |
| | | | NOT EJECTED/NOT APP | | | NOT TRAPPED | | | |
| | | Medical Transport | | EMS Agency Identifier | | EMS Run # | | | |
| | | NOT TRANSPORTED Hospital | | Date of Death | | Time of Death | | | |
| | | Tioopitai | | Date of Death | | Time of Death | | | |
| | | Distracted | By Source | 1 | | 1 | | | |
| | | Distracted By NOT AP | PLICABLE (NOT DISTRA | ACTED) | | | | | |
| | | Distracted By Action NOT DISTRACTED | | | | | | | |
| | | NOT DISTRACTED | | | | | | | |

Wisconsin Motor Vehicle Crash Form DT4000

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WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | | Non Motorist | king Unit # | Location | | | | | | | | | | |
|----------------------|-----------------------------|---|---|-------------------|--|------------------|--|---|--|--|--|--|--|--|
| | | Prior Action | | | | | | | | | | | | |
| | | Action | | | | | | | | | | | | |
| | Ļ | | | | | | | | | | | | | |
| ⊨ | | | | | | | | | | | | | | |
| LIND | INDIVIDUAL | | | | | | | | | | | | | |
| | Z | | | | | | | | | | | | | |
| | Action Other | | | | | | | | | | | | | |
| | Action Other To/From School | | | | | | | | | | | | | |
| | L | Drug & Alcohol NO | pected Alcohol U | se | Suspected Drug Use NO | | | | | | | | | |
| | | Alcohol Test Given TEST NOT GIVEN | | Alcohol Test Type |) | | Alcohol Test | t Results | | | | | | |
| | | Drug Test Given TEST NOT GIVEN | | Drug Test Type | | Drug Test Resu | lts | | | | | | | |
| _ | 1 | Drug Type | | | | | | | | | | | | |
| 2 | 001 | | | | | | | | | | | | | |
| Individual Condition | | | | | | | | | | | | | | |
| | | APPEARED NORMAL | | | | | | | | | | | | |
| | | t Summary | | | | | | | | | | | | |
| | | Status RANSIT | | | ehicle Operating As Class | fication | Unit Type TRUCK | | | | | | | |
| 05 | Vehi | cle Type | | | | | Operating As Endorsements | | | | | | | |
| | | JCK TRACTOR (SEMI A | TTACHED) Train/Bus # Re | corded | otal # Citations Issued | Total Tra | ailers | Total HazMat Types | | | | | | |
| | 2 Incur | rance? | Direction Of Tra | 0 avel | | 1 Speed L | imit | 0 Total Lanes | | | | | | |
| <u>⊨</u> | YES | 3 | WESTBOUN | D [| Pre CrashTire Mark | 45 | | 4 | | | | | | |
| L | | t Harmful Event: Collision W TOR VEH IN TRANSPO | | | pecial Function IO SPECIAL FUNCTIO | N | Emergency Motor Vehicle Use NOT APPLICABLE | | | | | | | |
| | | ic Way I DED HWY W/O TRAFF I | C BARRIER | | raffic Control | | | Traffic Control Inoperative/Missing NO | | | | | | |
| | | ace Type | DARRIER | | oad Curvature | | _ | Road Grade | | | | | | |
| | | ACKTOP (BITUMINOUS) k Bus or HazMat |) | S | TRAIGHT | | UPHILL | | | | | | | |
| | | JCK OR TRUCK COMBI | NATION > 10, | 000LBS GVWR/ | GCWR | | | | | | | | | |
| | 1 | Vehicle | | T e | Dieta Tima | St | Country of Is | cuanca | | | | | | |
| | | License Plate Number 3421983 | | | Plate Type APO - APPORTIONED | | UNITED ST | | | | | | | |
| 05 | 02 | Vehicle Identification Numb 3AKJHLDR4PDUE128 | Vehicle Identification Number 3AKJHLDR4PDUE1286 | | | Year 2023 | Model UNKNOWN | V | | | | | | |
| | | Color | <u>-</u> | E | FREIGHTLINER CORF | | Bus Use | | | | | | | |
| | щ | WHI - WHITE Initial Contact Point | | | TK - TRUCK Vehicle Damage | | | 7 0 0 10 11 | | | | | | |
| FIND | VEHICLE | 02 - RIGHT SIDE FROI Extent Of Damage | NT | | 02 - RIGHT SIDE FRO | NT | | 7 8 9 10 11 6 Eg 12 | | | | | | |
| 7 | VE | MINOR DAMAGE | | | | | | 5 4 3 2 1 | | | | | | |
| | | Towed Due To Damage NOT TOWED | | | Vehicle Removed By OPERATOR | | | | | | | | | |
| l | | | | | | | | | | | | | | |

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WISCONSIN MOTOR VEHICLE CRASH REPORT

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| | | What Driver Was Doing | | | ١ | Vehicle Factors | | | | | | | |
|-----|------------|--|-------------|----------|------------------------|----------------------------|----------------------------|---------------------|------|-----------|--------------------|--|--|
| | | GOING STRAIGHT | | | | | IOT APPLICABLE | | | | | | |
| | | Driver Prior Action Other | NOT API | PLICABLE | | | | | | | | | |
| | | Driver Actions | | | | | | | | | | | |
| | щ | NO CONTRIBUTING | ACTION | | | | | | | | | | |
| L N | VEHICL | | | | | | | | | | | | |
| 5 | Ē | | | | | | | | | | | | |
| | > | | | | | | | | | | | | |
| | | Owner Name | _ | | | | er Address | | | | | | |
| 05 | 02 | WP BEVERAGES LL((608) 683-1550 | С | | | | PEPSI WA DSOR, WI 5 | | . US | | | | |
| | ٥ | (000) 000 1000 | | | | | , | | , | | | | |
| | | L Sequence Of Events | | | | | | | | | | | |
| | | Event | | | | | | | | | | | |
| | 0 | MOTOR VEH IN TRAI | NSPORT | | | | | | | | | | |
| | 02 | Event | | | | | | | | | | | |
| | 03 | Event | | | | | | | | | | | |
| | 04 | Event | | | | | | | | | | | |
| _ | i | Policy Holder | | | | | | | | | | | |
| PN | | Insurance Company TRAVELERS-CASUALTY-CO-OF-CONNECTICUT | | | | | Individual THEODORE MELTER | | | | | | |
| | - | Trailer/Towed | | | | | | | | | | | |
| 05 | | Trailer Plate # | Plate Typ | | Make | State Cour | | | | | ntry of Issuance | | |
| | | PB31222 | STL - SI | | UTIL | | | | | Addre | TED STATES | | |
| ╘ | ER/ | Unit Type Organization/Company SEMI TRAILER WP BEVERAGES LLC | | | | C 6176 PEPSI WAY | | | | PEPSI WAY | | | |
| E I | RAILER/ | Vehicle Identification Number (608) 683-1550 | | | WINDSOR, WI 53598 , US | | | DSOR, WI 53598 , US | | | | | |
| | - | 1UYVS2488J3237302 | : | | | | | | | | | | |
| | _ ! | ndividual | | | | Louis | | | | | | | |
| | | Driver THEODORE MELTI | ER | | | Citations Issued Sex MALE | | | | | | | |
| | Ι | (608) 509-5328 | | | | Date of Birth Race | | | | | | | |
| ţ | INDIVIDUAL | | | | | | WHITE | | | | | | |
| F | ≧ | Address N7234 CIRCLE DR | | | | Driver I | icense Numb | her | | | | | |
| | Z | PARDEEVILLE, WI 53 | 3954 , US | S | | | | | | | | | |
| | | | | | | | | | | | | | |
| | Saf | ety Equipment | Duty Cras | sh | | Safety Equipment | | | | | | | |
| | | Row | 1: | Seat P | osition | sнои | LDER & LA | AP BE | LT | | | | |
| | | 01 - FRONT ROW | | 07 - L | | | | | | | | | |
| | | Helmet Use | | | | Helmet | Compliance | | | | | | |
| | | Eye Protection | | | | Tint Co | mpliance | | | | | | |
| 05 | 005 | Injund | ury Severit | у | | Airbag | | | | | | | |
| ٦ | 0 | Injury NO | | tion P | | NON E | DEPLOYED |) | | | Trapped/Extricated | | |
| | | NOT EJECTED | | | ECTED/NOT APPL | ICABLE | E | | | | NOT TRAPPED | | |
| | | Medical Transport | | | | EMS A | gency Identifi | er | | | EMS Run # | | |
| | | NOT TRANSPORTED | | | | | | | | | | | |

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Form DT4000

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

Crash Time 01:35 PM

| | | Hospital | | | Date of Death | | Time of Death | | | | | |
|------|------------|---|--------------------------|---------------------|---------------------------|-------------------|--------------------------------|----------------|--|--|--|--|
| | | Distracted By NOT A | ed By Source PPLICABL | E (NOT DISTRA | ACTED) | | | | | | | |
| | | Distracted By Action NOT DISTRACTED | | | | | | | | | | |
| | | Non Motorist Striking | Unit# | Location | | | | | | | | |
| | | Prior Action | | | | | | | | | | |
| TINO | INDIVIDUAL | Action | | | | | | | | | | |
| | | Action Other | | | | | | To/From School | | | | |
| | ı | Drug & Alcohol NO | ed Alcohol U | lse | 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 | | | | | | |
| 05 | 005 | Drug Type | | | | | | | | | | |
| | | Individual Condition APPEARED NORMAL | | | | | | | | | | |
| | | Individual | | | | | | | | | | |
| | ب | Passenger CHAD COLLINS (608) 347-2196 | | | Citations Issued 0 | Sex MALE | | | | | | |
| _ | DUA | (606) 347-2196 | | | Date of Birth | Race WHITE | | | | | | |
| LIND | INDIVIDUAL | Address 125 E CARROLL ST PORTAGE, WI 53901 , US | 3 | | Driver License Number | | | | | | | |
| | Sat | On Duty | Crash | | Safety Equipment | | | | | | | |
| | | Row 01 - FRONT ROW | Seat Po | | SHOULDER & LAP | BELT | | | | | | |
| | | Helmet Use | | | Helmet Compliance | | | | | | | |
| | | Eye Protection | | | Tint Compliance | | | | | | | |
| 05 | 003 | Injury So | everity PARENT I | NJURY | Airbag NON DEPLOYED | | | | | | | |
| | | Ejected NOT EJECTED | Ejection Pa | th CTED/NOT APPL | LICABLE | | Trapped/Extricated NOT TRAPPED | | | | | |
| | | Medical Transport NOT TRANSPORTED | | | EMS Agency Identifier | | EMS Run # | | | | | |
| | | Hospital | | | Date of Death | | Time of Death | | | | | |
| Wisc | onsin M | Motor Vehicle Crash | | This report | t does not include any CJ | IS data. | Crash Date | 11/03/2023 | | | | |

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WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | | Distracted By | Distracted I | By Source | | | | | | | | | |
|-------------|------------|--------------------------------------|---------------------|------------|-------------------|-------------------|-----------------------|---|---|-------------------------------|------|--------------------|--|
| | | Distracted By Action | | | | | | | | | | | |
| | | Non Motorist | Striking Uni | t # | Location | | | | | | | | |
| | | Prior Action | | | | | | | | | | | |
| LINO | INDIVIDUAL | Action | | | | | | | | | | | |
| | | Action Other | | | | | | | | | To/ | From School | |
| | ı | Orug & Alcohol | Suspected NO | Alcohol Us | e | Susper NO | cted Drug Use | | | | | | |
| | | Alcohol Test Given TEST NOT GIVEN | | | Alcohol Test Type | | | | Alcohol Test Result | esults | | | |
| | | Drug Test Given TEST NOT GIVEN | N | | Drug Test Type | Drug Test Results | | | | | | | |
| 05 | 003 | Drug Type | | | | | | | | | | | |
| | | Individual Condition APPEARED NOR! | MAL | | | | | | | | | | |
| | (| Carrier | | | | | | | | | | | |
| | | ✓ Use V | ehicle Ow | ner Same | e as Carrier | | Source VEHICLE-SIE | DE | | | | | |
| 05 | 01 | Name WP BEVERAGES LLC USDOT# 3934085 | | | | | | Address 6176 PEPSI WAY WINDSOR, WI 53598 , US | | | | | |
| _ | BUS | GVWR MORE THAN 26,00 | | | | AXLE | AND GVWR M | ORE THA | Cargo Body Type DRE THA VAN/ENCLOSED BOX | | | | |
| L N D | | US DOT # 3934085 | US DOT # Carrier Ty | | | | | | | Permitted Load NOT APPLICABLE | | | |
| | TRUCK | OS/OW Load | WI Permit N | | ☐ Per | | ehicle On Route | | | cle Required Permit | Esco | rt Vehicle Present | |
| | | Measured Height | | Measure | ed Length | | Measured Widt | h | | Measured Weight | | | |

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