

6TL0C22XZP

Document Number Override		Primary Crash Document #		Agency Crash Number <b>23-12707</b>		Investigating Officer/Deputy <b>DEPUTY A. WILCOX</b>	
Crash Date <b>11/26/2023</b>		Crash Time <b>07:47 AM</b>		Date Arrived <b>11/26/2023</b>		Time Arrived <b>08:34 AM</b>	
Date Notified <b>11/26/2023</b>		Time Notified <b>07:51 AM</b>		Total Units <b>02</b>		Total Injured <b>03</b>	Total Killed <b>00</b>
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input checked="" 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 <b>NO</b>		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>				<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

**Description**

Diagram		Reconstruction By	
<p>Not to scale</p> <p>USH 14</p>		Photos By <b>A. WILCOX</b>	
		Additional Information <b>PHOTOS</b>	

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

ON 11/26/2023, I WAS DISPATCHED TO THE AREA OF USH 14 AND BIG HOLLOW ROAD IN THE TOWN OF SPRING GREEN FOR A TRAFFIC ACCIDENT. UNIT 2 WAS TRAVELING E/B WHEN UNIT 2 LOST CONTROL DUE TO THE ROADWAY BEING COVERED IN ICE AND SNOW. UNIT 2 CROSSED THE CENTERLINE SIDEWAY. UNIT 1 WAS TRAVELING W/B WHEN UNIT 1 OPERATOR AND PASSENGER SAW UNIT 2 LOSE CONTROL AND START FISHTAILING AND SAW UNIT 2 COME INTO THE W/B LANE OF TRAVEL. UNIT 1 OPERATOR TRIED TO AVOID UNIT 2 BUT WAS UNABLE TO DO SO. UNIT 1 HIT UNIT 2'S PASSENGER SIDE. UNIT 1 CONTINUED INTO THE DITCH ON THE RIGHT SIDE OF THE ROAD, AND UNIT 2 ENDED UP IN THE E/B LANES OF TRAVEL. BOTH UNIT 1 AND 2 AIRBAGS WERE DEPLOYED, AND ALL OCCUPANTS WERE TRANSPORTED TO THE HOSPITAL BY EMS.

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WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

Location

ON USH14 WB 327 FT E OF BIG HOLLOW RD IN THE TOWN OF SPRING GREEN IN SAUK COUNTY	Latitude <b>43.189802516</b>	Longitude <b>-90.112274466</b>
	X Coordinate <b>247097.828125</b>	Y Coordinate <b>4786596</b>
	Structure Type <b>NO STRUCTURE</b>	

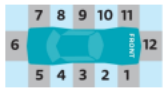
Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>		First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>01 - ANGLE</b>		Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>WET, SNOW, SLUSH, ICE</b>		Roadway Factor(s)  <b>ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC)</b>	
Environment Factor(s) <b>WEATHER CONDITIONS</b>			
Weather Condition(s) <b>SNOW</b>			
Animal Type		Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>		Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land		Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>	
Closure Type <b>FULL CLOSURE</b>		Reasons for Closure <b>LAW ENFORCEMENT, TOW TRUCK, FIRE/EMS, WEATHER CONDITIONS</b>	
Date Initial Lane/Rd Closed <b>11/26/2023</b>	Time Initial Lane/Rd Closed <b>08:00 AM</b>	Date Scene Cleared <b>11/26/2023</b>	
Date All Lanes Open <b>11/26/2023</b>	Time All Lanes Open <b>08:56 AM</b>		

Unit Summary

<b>UNIT</b>	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>TRUCK</b>		
	Vehicle Type <b>(SPORT) UTILITY VEHICLE</b>			Operating As Endorsements		
	Total Occs <b>2</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>WESTBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>55</b>	Total Lanes <b>3</b>	
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>		Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>					
<b>01</b>	<b>Vehicle</b>					
	License Plate Number <b>SF8129</b>		Plate Type <b>LTK - LIGHT TRUCK</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
	Vehicle Identification Number <b>1FTFW1EG5FKD33442</b>		Make <b>FORD</b>	Year <b>2015</b>	Model <b>F150</b>	

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

UNIT VEHICLE	Color <b>SIL - SILVER (ALUMINUM)</b>	Body Style <b>PK - PICKUP</b>	Bus Use	
	Initial Contact Point <b>12 - FRONT</b>	Vehicle Damage <b>01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT</b>		
	Extent Of Damage <b>DISABLING DAMAGE</b>			
	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>			Vehicle Removed By
	What Driver Was Doing <b>GOING STRAIGHT</b>			Vehicle Factors
Driver Prior Action Other	<b>NOT APPLICABLE</b>			
UNIT VEHICLE	Driver Actions <b>NO CONTRIBUTING ACTION</b>			
	Owner Name <b>DAVID ALBERTS (608) 279-5452</b>	Owner Address <b>10847 DIAMOND CIR BLUE MOUNDS, WI 53517 , US</b>		
UNIT 01	<b>Sequence Of Events</b>			
	Event <b>MOTOR VEH IN TRANSPORT</b>			
	Event <b>DITCH</b>			
	Event			
UNIT 01	<b>Policy Holder</b>			
	Insurance Company <b>STATE-FARM-GENERAL-INS-CO</b>	Individual <b>DAVID ALBERTS</b>		
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>DAVID ALBERTS (608) 279-5452</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>	
		Date of Birth	Race <b>WHITE</b>	
	Address <b>10847 DIAMOND CIR BLUE MOUNDS, WI 53517 , US</b>	Driver License Number		
UNIT 01	<b>Safety Equipment</b>			
	On Duty Crash	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>		
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>		
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
UNIT 001	<b>Injury</b>			
	Injury Severity <b>POSSIBLE INJURY</b>	Airbag <b>DEPLOYED-FRONT</b>		
	Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>	
	Medical Transport <b>EMS GROUND</b>	EMS Agency Identifier <b>6000554</b>	EMS Run #	

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SAUK COUNTY SHERIFFS DEPARTMENT  
1300 LANGE COURT  
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(608) 356-4895

UNIT	Hospital <b>UPLAND HILLS HEALTH</b>		Date of Death	Time of Death	
	<b>Distracted By</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>		
	Distracted By Action <b>NOT DISTRACTED</b>				
	<b>Non Motorist</b>		Striking Unit #	Location	
	Prior Action				
	Action				
	Action Other			To/From School	
	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>	
	Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type	Alcohol Test Results	
	Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type	Drug Test Results	
01	Drug Type				
	Individual Condition <b>NOT OBSERVED</b>				
	<b>Individual</b>				
	Passenger <b>CHARLES JONES</b> (608) 225-7131		Citations Issued <b>0</b>	Sex <b>MALE</b>	
	Address <b>3022 JONES STREET</b> <b>BLUE MOUNDS, WI 53517 , US</b>		Date of Birth	Race <b>WHITE</b>	
	Driver License Number				
	<b>Safety Equipment</b>		On Duty Crash		
	Row <b>01 - FRONT ROW</b>		Seat Position <b>09 - RIGHT</b>	<b>SHOULDER &amp; LAP BELT</b>	
	Helmet Use		Helmet Compliance		
	Eye Protection		Tint Compliance		
01	<b>Injury</b>		Injury Severity <b>POSSIBLE INJURY</b>	Airbag <b>DEPLOYED-FRONT</b>	
	Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>	
	Medical Transport <b>EMS GROUND</b>		EMS Agency Identifier <b>6000554</b>	EMS Run #	
	Hospital <b>MADISON HOSPITAL</b>		Date of Death	Time of Death	

UNIT	INDIVIDUAL	<b>Distracted By</b>		Distracted By Source					
		Distracted By Action							
		<b>Non Motorist</b>	Striking Unit #	Location					
			Prior Action						
		Action							
		Action Other					To/From School		
		01	002	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>		Suspected Drug Use <b>NO</b>	
				Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type		Alcohol Test Results	
				Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type		Drug Test Results	
				Drug Type					
Individual Condition <b>NOT OBSERVED</b>									

**Unit Summary**

UNIT	02	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>			
		Vehicle Type <b>PASSENGER CAR</b>				Operating As Endorsements			
		Total Occs <b>1</b>		Train/Bus # Recorded		Total # Citations Issued <b>1</b>		Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
		Insurance? <b>YES</b>		Direction Of Travel <b>EASTBOUND</b>		<input type="checkbox"/> Pre CrashTire Mark		Speed Limit <b>55</b>	Total Lanes <b>3</b>
		Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>			Special Function <b>NO SPECIAL FUNCTION</b>			Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
		Traffic Way <b>TWO-WAY, NOT DIVIDED</b>			Traffic Control <b>NO CONTROL</b>			Traffic Control Inoperative/Missing <b>NO</b>	
		Surface Type <b>BLACKTOP (BITUMINOUS)</b>			Road Curvature <b>STRAIGHT</b>			Road Grade <b>LEVEL</b>	
		Truck Bus or HazMat <b>NO</b>							

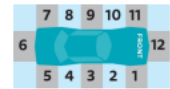
**Vehicle**

02	02	License Plate Number <b>HQA2666</b>		Plate Type <b>AUT - AUTOMOBILE</b>		St <b>OH</b>	Country of Issuance <b>UNITED STATES</b>		
		Vehicle Identification Number <b>1G11F5SL5FF166620</b>		Make <b>CHEVROLET</b>		Year <b>2015</b>	Model <b>MALIBU</b>		
		Color <b>DBL - BLUE, DARK</b>		Body Style <b>4D - 4DR</b>			Bus Use		
		Initial Contact Point <b>03 - RIGHT SIDE MIDDLE</b>							

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UNIT VEHICLE	Vehicle Damage		01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE, 04 - RIGHT SIDE REAR, 05 - RIGHT REAR CORNER		
	Extent Of Damage		<b>DISABLING DAMAGE</b>		
	Towed Due To Damage		<b>TOWED DUE TO DISABLING DAMAGE</b>		
	What Driver Was Doing		<b>GOING STRAIGHT</b>		
UNIT VEHICLE	Driver Prior Action Other		<b>NOT APPLICABLE</b>		
	Driver Actions				
	<b>SPEED TOO FAST/COND, FAILURE TO CONTROL, SWERVED OR AVOIDED DUE TO WIND, SLIPPERY SURFACE, MOTOR VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC.</b>				
	Owner Name		Owner Address		
02	02	<b>THOMAS TUFF</b> (614) 307-8842	<b>5080 GUNSTON DR</b> <b>COLUMBUS, OH 43232 , US</b>		
<b>Sequence Of Events</b>					
UNIT VEHICLE	01	Event			<b>MOTOR VEH IN TRANSPORT</b>
	02	Event			<b>CROSS CENTERLINE</b>
	03	Event			
	04	Event			
<b>Policy Holder</b>					
UNIT INDIVIDUAL	Insurance Company		Individual		
	<b>ALLSTATE-INS-CO</b>		<b>THOMAS TUFF</b>		
<b>Individual</b>					
UNIT INDIVIDUAL	Driver		Citations Issued	Sex	
	<b>THOMAS TUFF</b> (614) 307-8842		<b>1</b>	<b>MALE</b>	
	Address		Date of Birth	Race	
	<b>5080 GUNSTON DR</b> <b>COLUMBUS, OH 43232 , US</b>			<b>BLACK/AFRICAN AMERICAN</b>	
		Driver License Number			
<b>Safety Equipment</b>					
On Duty Crash		Safety Equipment			
		<b>SHOULDER &amp; LAP BELT</b>			
Row		Seat Position			
<b>01 - FRONT ROW</b>		<b>07 - LEFT</b>			
Helmet Use		Helmet Compliance			
Eye Protection		Tint Compliance			
UNIT INDIVIDUAL	<b>Injury</b>		Injury Severity	Airbag	
	<b>POSSIBLE INJURY</b>		<b>POSSIBLE INJURY</b>	<b>DEPLOYED-SIDE</b>	
	Ejected	Ejection Path		Trapped/Extricated	
	<b>NOT EJECTED</b>	<b>NOT EJECTED/NOT APPLICABLE</b>		<b>NOT TRAPPED</b>	
Medical Transport		EMS Agency Identifier		EMS Run #	
<b>EMS GROUND</b>		<b>6000554</b>			
Hospital		Date of Death		Time of Death	
<b>MADISON HOSPITAL</b>					

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

UNIT	<b>Distracted By</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>		
	<b>Distracted By Action</b>		<b>NOT DISTRACTED</b>		
	<b>Non Motorist</b>	Striking Unit #	Location		
		Prior Action			
	<b>INDIVIDUAL</b>	Action			
		Action Other			To/From School
		<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>	
		Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type		Alcohol Test Results
	<b>02</b>	Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results	
		Drug Type			
Individual Condition <b>NOT OBSERVED</b>					
<b>003</b>	<b>Violations</b>				
	<b>01</b>	UTC Number <b>BC936602</b>	Issue To? <b>003</b>	Statute Number <b>346.57(3)</b>	Description <b>DRIVING TOO FAST FOR CONDITIONS</b>