6TL0DRXHK4

23-13353

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | Document Number Override | Primary Crash I | Document # | | | | Investigating Officer/Deputy DEPUTY S. ELLICKSON | | | |
|-------------|--|---------------------------|------------------------|----------------|--------------------|--------------------|---|------------------|-----------------|--|
| OI LUDKAHK4 | Crash Date 12/14/2023 | Crash Time 02:45 PM | | | rrived 2023 | | Time Arrived 02:53 PM | | | |
| I × | Date Notified 12/14/2023 | Time Notified 02:45 PM | | Total U | nits | Tota | al Injured | Total Kille | ed | |
| אַ אַ | | | | | | | | 1 | Reporting | |
| 5 | On Emergency Hi | t and Run | Lane Close | | Work Zone | | Trailer or | r Towed | Threshold | |
| | Government Property | Active So | hool Zone | NO School | Bus Related | Tags | S | | | |
| | ✓ Reportable | Crash Type DT4000 (STA | NDARD CRASH | l) | | | Amended | t | Secondary Crash | |
| | Description | | | | | | | | | |
| | Diagram | | | | | | R | Reconstruction | n By | |
| | ı | Not to Scale | | | | N N | | | | |
| | •00 | | | | | W⊲ √ t S | >E P | Photos By | | |
| | [] | | | | | | | عاماند مما اسلام | was aki a a | |
| | | | | | | | F | dditional Info | ormation | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | - | | | | | | | | | |
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| | | <u> </u> | | | | | | | | |
| | | U2 | 1 | | | | | | | |
| | <u> </u> | | | | | | | | | |
| | COPPER TOWER | U1 // | | | | | | | | |
| | (1) | • | | | | | | | | |
| | | | | | _ | | | | | |
| | | Linn St | reet | | | | | | | |
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| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | ✓ I, a sworn law enforceme | ent officer, agre | ee that I have no | ot added | d any CJIS data in | this repo | rt. | | | |
| | UNIT 2 WAS STOPPED AT A TRAF SOUTHBOUND ONTO STH 136. W | | | | | | | | | |
| | SOUTHBOUND ONTO STH 136. W | TIEN UNIT I PASS | אווא משנ טואוו עוויט ט | OUR ITE | DIVINEL SIDE MIKKO | IN AIND BRU | NE II. UNI | I I CONTINU | CLD ON TURNING | |
| | | | | | | | | | | |

SC23-13353

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Time 02:45 PM

| ı | Loc | ation | | | | | | | | |
|------|-----------------------|--------------------------------|---------------------|------------------------------|-------------------------------------|--------------------------|---------------------------|-------------------------------------|-------------|--|
| f | _ | LINN ST/ STH33 WB | | | Latitude | | | Longitud | le | |
| | 81 F | | | | 43.4747 | 92873 | | -89.768 | 44586 | |
| | | STH136 WB HE VILLAGE OF WES | ET DADADOO | | X Coordii | nate | | Y Coord | inate | |
| | | AUK COUNTY | DI BARABOO | | 276089 Structure Type | | | 481726 | 5.5 | |
| | | | | | | | | | | |
| Ĺ | | | | | NO STR | RUCTURE | | | | |
| (| Cra | sh Scene 💳 | | | | | | | | |
| Ī | First | Harmful Event | | | First Har | mful Event Lo | ocation | | | |
| | MO | TOR VEH IN TRANSP | ORT | | ON ROA | ADWAY | | | | |
| | Man | ner of Collision | | | Light Cor | ndition | | | | |
| | 07 - | SIDESWIPE/SAME D | IRECTION | | DAYLIGHT | | | | | |
| | Road | d Surface Condition(s) | | | Roadway | Factor(s) | | | | |
| | DR۱ | 1 | | | | | | | | |
| - | Envi | ronment Factor(s) | | | | | | | | |
| | NON | * * | | | NONE | | | | | |
| | | | | | NONL | | | | | |
| | Wea | ther Condition(s) | | | | | | | | |
| | CLE | AR | | | | | | | | |
| ŀ | Anim | nal Type | | | Relation | To Trafficway | V | | | |
| | | | | | | TRAFFICWAY - ON ROAD | | | | |
| ŀ | Cras | h Classification - Location | | Crash Cla | Crash Classification - Jurisdiction | | | | | |
| | PUBLIC PROPERTY | | | | NO SPE | NO SPECIAL JURISDICTION | | | | |
| ŀ | Triba | al Land | | Access C | Access Control | | | Special Study | | |
| | | | | | FULL C | FULL CONTROL | | | | |
| Ī | | in Interchange Area | Junction Location | | tion Type | | | | | |
| | NO | | INTERSECTION | FOUR | -WAY INTE | RSECTION | 1 | | | |
| Į | Jni | t Summary 👅 | | | | | | | | |
| | Unit | Status | | Vehicle Operating As | Classificatio | Classification Unit Type | | | | |
| | | IT AND RUN D CLASS | | | | AUTOMOBILE | | | | |
| 5 | Vehicle Type | | | | | | Operating As Endorsements | | nents | |
| | | ORT) UTILITY VEHICL | | TT . 1 # 00 # 1 | | Total Trail | ailers Total HazMat Types | | Mat Turas | |
| | 10ta | tal Occs Train/Bus # Recorded | | Total # Citations Issu 0 | 0 | | o Total Hazi | | wat Types | |
| - | | rance? | Direction Of Travel | | | Speed Lin | nit | Total Lan | AS. | |
| | | KNOWN | WESTBOUND | Pre CrashT Mark | ire | 25 | | 4 | 20 | |
| | | Harmful Event: Collision | | Special Function | | 20 | | Emergency Motor Vehicle Use | | |
|) | | TOR VEH IN TRANSP | | NO SPECIAL FUI | NCTION | CTION | | NOT APPLICABLE | | |
| - | Traff | ic Way | | Traffic Control | | | | Traffic Control Inoperative/Missing | | |
| | | DED HWY W/TRAFFI | C BARRIER | TRAFFIC SIGNAL | _ | | NO | | | |
| | | асе Туре | | Road Curvature | | | Road Grade | | | |
| | BLACKTOP (BITUMINOUS) | | | STRAIGHT | STRAIGHT | | | LEVEL | | |
| | | k Bus or HazMat | | | | | | | | |
| 4 | NO | | | | | | | | | |
| | ' | Vehicle | | | | | | | | |
| | | License Plate Number | | Plate Type | | St | | Country of Issuance | | |
| | | | | 4HF | | Vaar | V | | | |
| 5 | 2 | Vehicle Identification Nur | Make | | Year | Model | | | | |
| | 0 | Color | Body Style | | | | Bus Use | | | |
| | | - 55101 | | Dody Otyle | Body Style | | 240 000 | | | |
| | ш | Initial Contact Point | | Vehicle Damage | | | | 1 | 7 8 9 10 11 | |
| : | 5 | 03 - RIGHT SIDE MID | DDLE | | Volliolo Dalliage | | | | | |
| | VEHICL | Extent Of Damage | | 16 - VEHICLE N | OT AT SCE | NE | | | 6 8 12 | |
| | VE | VEHICLE NOT AT SO | CENE | | | | | | 5 4 3 2 1 | |
| | | | | l | | | | | | |
| | | Motor Vehicle Crash | Th | is report does not include a | any CJIS data | | | Crash Date | | |
| rm [| DT40 | 00 | | 2 of 6 | | | | Crash Time | e 02:45 PM | |

2 of 6

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | | Towed Due To Damage NOT TOWED | | Vehicle Removed By OPERATOR | | | | |
|------|------------|--------------------------------|-----------------------------------|---|--------|-----------------------------------|--|--|
| | | What Driver Was Doing | | Vehicle Factors | | | | |
| | | What briver was boing | | verilicie i actors | | | | |
| | | Driver Prior Action Other | | UNKNOWN | | | | |
| | | Driver Actions | | | | | | |
| | щ | UNKNOWN | | | | | | |
| UNIT | VEHICLE | | | | | | | |
| 5 | 표 | | | | | | | |
| | > | | | | | | | |
| | | Owner Name | | Owner Address | | | | |
| 01 | 5 | | | | | | | |
| 0 | 0 | | | , , | | | | |
| | ; | Sequence Of Events | | | | | | |
| | 5 | Event MOTOR VEH IN TRANSPORT | | | | | | |
| | 05 | Event | | | | | | |
| | 0 | | | | | | | |
| | 03 | Event | | | | | | |
| | 40 | Event | | | | | | |
| | | Individual | | | | | | |
| | | Driver | | Citations Issued Sex | | | | |
| | _ | | | 0 | | | | |
| | INDIMIDUAL | | | Date of Birth | Race | ace | | |
| N | M | Address | | Driver License Number Safety Equipment | | | | |
| > | ₫ | | | | | | | |
| | = | , , | | | | | | |
| | | On Duty Crash | | | | | | |
| | Sat | fety Equipment | | Calety Equipment | | | | |
| | | | at Position | RESTRAINT USE U | NKNOWN | | | |
| | | 99 - UNKNOWN Helmet Use | | Helmet Compliance | | | | |
| | | | | | | | | |
| | | Eye Protection | | Tint Compliance | | | | |
| 2 | 00 | Injury Severity | | Airbag | | | | |
| 0 | 8 | Injury NO APPAREN | IT INJURY | NOT APPLICABLE | | T= | | |
| | | Ejection NOT APPLICABLE NOT E | n Path E JECTED/NOT APP | LICABLE | | Trapped/Extricated NOT APPLICABLE | | |
| | | Medical Transport | | EMS Agency Identifier | | EMS Run # | | |
| | | NOT TRANSPORTED | | | | | | |
| | | Hospital | | Date of Death | | Time of Death | | |
| | | Distracted By So | purce | I | | 1 | | |
| | | Distracted By Action | | | | | | |
| | | Striking Unit # | Location | | | | | |
| | | Non Motorist | | | | | | |

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data. $3 \quad \text{of} \quad 6$

Crash Date 12/14/2023
Crash Time 02:45 PM

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | | Prior Action | | | | | | | | | |
|------------|--------------|--|------------------|------------------|--|-------------------|---------------------|--|---------------|----------------|--|
| İ | | Action | | | | | | | | | |
| | JAL | | | | | | | | | | |
| | INDIVIDUAL | | | | | | | | | | |
| | <u>N</u> | | | | | | | | | | |
| | | | | | | | | | | | |
| | | Action Other | | | | | | | | To/From School | |
| İ | 1 | Drug & Alcohol | pected Alcohol U | se | Suspected Drug Use | | | | | • | |
| İ | | Alcohol Test Given TEST NOT GIVEN | | Alcohol Test Typ | е | | | Alcohol Tes | t Results | 3 | |
| | | Drug Test Given TEST NOT GIVEN | | Drug Test Type | | Drug ⁻ | Test Results | | | | |
| 2 | 001 | Drug Type | | | | | | | | | |
| | | Individual Condition | | | | | | | | | |
| | | NOT OBSERVED | | | | | | | | | |
| l | Uni | nit Summary | | | | | | | | | |
| | Unit | it Status | | | Vehicle Operating As Classification D CLASS | | | Unit Type TRUCK | | | |
| | | TRANSIT nicle Type | | | D CLASS | | | Operating As Endorsements | | | |
| 05 | | TILITY TRUCK/PICKUP TRUCK Tal Occs Train/Bus # Recorded | | | Total # Citations Issued Total Traile | | | ilers Total HazMat Types | | | |
| | 1 | | | | 0 0 | | 0 | | 0 | | |
| Ŀ | Insui YES | WESTBOUND | | D | Pre CrashTire Mark | | Speed Lim | | Total Lanes 4 | | |
| N F | | Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT | | | Special Function NO SPECIAL FUNCTION | | | NOT APP | LICABL | .E | |
| İ | | Traffic Way DIVIDED HWY W/TRAFFIC BARRIER | | | Traffic Control TRAFFIC SIGNAL | | | Traffic Control Inoperative/Missing NO | | | |
| | | Surface Type BLACKTOP (BITUMINOUS) | | | Road Curvature STRAIGHT | | | Road Grade LEVEL | | | |
| | | k Bus or HazMat | <u>'</u> | | STRAIGHT | | | LLVLL | | | |
| | NO | | | | | | | | | | |
| | | Vehicle License Plate Number | | | Plate Type | | St | Country of Is | suance | | |
| | | UN1478 | | | LTK - LIGHT TRUCK | | WI | UNITED STATES | | | |
| 05 | 05 | Vehicle Identification Number | | | Make CHEVROLET | | Year 2011 | Model SILVERADO | | | |
| | | 1GCRKTE33BZ216882 Color | | | Body Style | | 2011 | Bus Use | | | |
| | | GRY - GRAY | | | PK - PICKUP | | | | | | |
| l <u>⊨</u> | SE | Initial Contact Point 09 - LEFT SIDE MIDDLE | | | Vehicle Damage | | | | | 7 8 9 10 11 | |
| L N | VEHICLE | Extent Of Damage MINOR DAMAGE | | | 09 - LEFT SIDE MIDDLE | | | | | | |
| | | Towed Due To Damage NOT TOWED | | | Vehicle Removed By OPERATOR | | | | | | |
| 1 | | What Driver Was Doing STOP IN TRAFFIC | | | | | | | | | |
| | | | | | | | | | | | |

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data. 4 of 6

Crash Date 12/14/2023 Crash Time 02:45 PM

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | | | V | Vehicle Factors | | | | | |
|-----|--|---|-----------------------|-----------------|--------------------------------|---------------|--------------------|--|--|
| | | Driver Prior Action Other | | N | OT APPLICABLE | | | | |
| | | Driver Prior Action Other | | | | | | | |
| | | Driver Actions | | | | | | | |
| L | Ę | NO CONTRIBUTING ACT | ION | | | | | | |
| L N | VEHICLE | | | | | | | | |
| - | VE | | | | | | | | |
| | | 0 | | | 10 | | | | |
| | | Owner Name RICHARD HOF | FMAN | | Owner Address 322 WILLOW ST | | | | |
| 8 | 02 | (608) 356-9138 | | | BARABOO, WI 539 | 913 , US | | | |
| | | | | | | | | | |
| | | Sequence Of Events Event | | | | | | | |
| | 2 | MOTOR VEH IN TRANSP | ORT | | | | | | |
| | 02 | Event | | | | | | | |
| | 03 | Event | | | | | | | |
| | 04 | Event | | | | | | | |
| L | | Policy Holder | | | | | | | |
| N N | | Insurance Company | | | Individual | | | | |
| _ ا | | JOHNSON INSURANCE | | | RICHARD HOFFMA | N | | | |
| | | Individual Driver | | | Citations Issued | Sex | | | |
| | _ | RICHARD HOFFMAN (608) 356-9138 | | | 0 | MALE | | | |
| | INDIVIDUAL | | | Date of Birth | Birth Race | | | | |
| FIN | ₹ | Address | | | Driver License Number | | | | |
| > | Ā | 322 WILLOW ST BARABOO, WI 53913 , US | | | | | | | |
| | _ | BARABOO, WI 33913 , C | | | | | | | |
| | | On Duty | y Crash | | Safety Equipment | | | | |
| | Sat | fety Equipment | | | | | | | |
| | | Row 01 - FRONT ROW | Seat Posi 07 - LEF | | SHOULDER & LAP | BELT | | | |
| | | Helmet Use | | | Helmet Compliance | | | | |
| | | Eye Protection | | | Tint Compliance | | | | |
| | | Lye Florection | | | Thit Compliance | | | | |
| 05 | 002 | Injury S | | IIIDV | Airbag | | | | |
| | 0 | Ejected NO AF | PARENT IN | | NON DEPLOYED | | Trapped/Extricated | | |
| | NOT EJECTED NOT EJECTED/NOT APPI | | | CABLE | | NOT TRAPPED | | | |
| | | Medical Transport | | | EMS Agency Identifier | | EMS Run# | | |
| | NOT TRANSPORTED Hospital | | | Date of Death | | Time of Death | | | |
| | | | | | | | | | |
| | Distracted By Source NOT APPLICABLE (NOT DISTRACTED) | | | | | | | | |
| | | Distracted By Action NOT DISTRACTED | | | | | | | |
| | | Non Motorist Striking | Unit # | Location | | | | | |

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data. $5 \quad \text{of} \quad 6$

Crash Date 12/14/2023
Crash Time 02:45 PM

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| ı | | | | | | | |
|----------|-------------|--------------------------------|-------------------|--------------------|-------------------|----------------------|------------------|
| | | Prior Action | | | | | |
| | | Action | | | | | |
| | | Action | | | | | |
| | _ | | | | | | |
| | IA | | | | | | |
| <u>□</u> | ٦ | | | | | | |
| LNO | <u>></u> | | | | | | |
| - | INDIVIDUAL | | | | | | |
| | = | | | | | | |
| | | | | | | | |
| ŀ | | Action Other | | | | | To/From School |
| | | Action Other | | | | | 10/110III SCHOOL |
| ŀ | | Suspected Alcohol I | Jse | Suspected Drug Use | | | |
| | L | Drug & Alcohol NO | | NO | | | |
| İ | | Alcohol Test Given | Alcohol Test Type | | | Alcohol Test Results | |
| | | TEST NOT GIVEN | | | | | |
| İ | | Drug Test Given TEST NOT GIVEN | Drug Test Type | | Drug Test Results | | |
| | | | | | | | |
| 05 | 002 | Drug Type | | | | | |
| ٦ | 0 | | | | | | |
| ŀ | | Individual Condition | | | | | |
| | | individual Condition | | | | | |
| | | APPEARED NORMAL | | | | | |
| | | | | | | | |