# **6TL0CTJN4B** 24-00105

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| Document Number Override  | Primary Crash Doo        | cument # Agend 24-00 | cy Crash Number<br>1105 | Investigating Of DEPUTY A. K |                            |                     |
|---------------------------|--------------------------|----------------------|-------------------------|------------------------------|----------------------------|---------------------|
| Crash Date 01/03/2024     | Crash Time<br>05:55 PM   |                      | Arrived<br>8/2024       | Time Arrived 06:14 PM        |                            |                     |
| Date Notified 01/03/2024  | Time Notified 05:56 PM   | Total <b>01</b>      | Units                   | Total Injured <b>00</b>      | Total Injured Total Killed |                     |
| )                         | Hit and Run              | Lane Closure         | Work Zone               | Trailer or                   | Towed                      | Reporting Threshold |
| Government Property       | Active Scho              | ol Zone School       | ol Bus Related          | Tags                         |                            |                     |
| Reportable                | Crash Type DT4000 (STAND | DARD CRASH)          |                         | Amended                      |                            | Secondary<br>Crash  |
| Description Diagram       |                          |                      |                         |                              |                            | - D.                |
|                           |                          |                      |                         | K                            | econstruction              | пву                 |
| NOT TO SCALE              | £.                       | <b>*</b>             |                         |                              |                            |                     |
|                           |                          | N)                   |                         | PI                           | notos By                   |                     |
|                           |                          |                      |                         |                              |                            |                     |
|                           |                          |                      |                         | Ac<br>N                      | dditional Info             | rmation             |
|                           |                          |                      |                         |                              |                            |                     |
|                           | 071170                   |                      |                         |                              |                            |                     |
| COUCH                     | STH 78                   |                      |                         |                              |                            |                     |
|                           |                          |                      |                         | -                            |                            |                     |
|                           |                          |                      |                         |                              |                            |                     |
|                           |                          |                      |                         |                              |                            |                     |
|                           |                          |                      |                         |                              |                            |                     |
|                           |                          |                      |                         | -                            |                            |                     |
|                           |                          |                      |                         |                              |                            |                     |
|                           |                          |                      |                         |                              |                            |                     |
|                           |                          |                      |                         |                              |                            |                     |
|                           |                          |                      |                         |                              |                            |                     |
|                           |                          |                      |                         |                              |                            |                     |
| ✓ I, a sworn law enforce  | ment officer, agree      | that I have not adde | ed any CJIS data in tl  | his report.                  |                            |                     |
| UNIT 1 WAS SOUTH BOUND OF |                          |                      |                         |                              |                            |                     |
|                           |                          |                      |                         |                              |                            |                     |

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|          | loc  | ation                                     |                      |                            |   |  |                     |  |                           |             |  |
|----------|--|---|----------------------|----------------------------|---|--|---------------------|--|---------------------------|-------------|--|
|          |  | STH78 SB                                  |                      |                            |   | Latitude                                   |                     |  | Longitu                   | de          |  |
|          | 447 FT N   |   |                      |                            |   | 43.35566834                                |                     |  |                           | )425152     |  |
|          | OF RUTHE BADGER LN                                     |   |                      |                            |   |  | X Coordinate        |  | Y Coord                   |             |  |
|          |  | HE TOWN OF MERRI                          | MAC                  |                            |   | 281161.8                                   |                     |  | 48038                     |             |  |
|          | IN S   | SAUK COUNTY                               |                      | Structure Type             |   |  |                     |  |                           | •           |  |
|          |  |   |                      |                            | NO STRUCTURE  |  |                     |  |                           |             |  |
|          | Cra  | sh Scene                                  |                      |                            |   | •  |                     |  |                           |             |  |
| 1        | First  | Harmful Event                             |                      |                            |   | First Harm                                 | nful Event Lo       | ocation                                |                           |             |  |
|          | ОТН  | IER OBJECT - NOT F                        | IXED                 |                            |   | ON ROA                                     | DWAY                |  |                           |             |  |
|          | Man  | ner of Collision                          |                      |                            |   | Light Con                                  | Light Condition     |  |                           |             |  |
|          | 00 -   | NO COLLISION W/VE                         | HICLE IN TRANSPORT   |                            |   | DARK/UNLIT                                 |                     |  |                           |             |  |
|          | Roa  | d Surface Condition(s)                    |                      |                            |   | Roadway                                    | Factor(s)           |  |                           |             |  |
|          | DR   | (   |                      |                            |   |  |                     |  |                           |             |  |
|          | Envi   | ronment Factor(s)                         |                      |                            |   | 1  |                     |  |                           |             |  |
|          | NOI  | NE  |                      |                            |   | NONE                                       |                     |  |                           |             |  |
|          | Wea  | ther Condition(s)                         |                      |                            |   | 1  |                     |  |                           |             |  |
|          | CLE  | AR  |                      |                            |   |  |                     |  |                           |             |  |
|          | Anin   | nal Type                                  |                      |                            |   | Relation T                                 | o Trafficway        | /                                      |                           |             |  |
|          |  | ,,  |                      |                            |   |  | CWAY - OI           |  |                           |             |  |
|          | Cras   | h Classification - Location               | 1                    |                            |   | Crash Cla                                  | ssification -       | Jurisdiction                           |                           |             |  |
|          | PUE  | BLIC PROPERTY                             |                      |                            | NO SPECIAL JURISDIC   |  |                     | SDICTION                               |                           |             |  |
|          | Triba  | al Land                                   |                      |                            |   | Access Control Special Study               |                     |  | Special Study             |             |  |
|          |  |   |                      |                            |   | NO CON                                     | ITROL               |  |                           |             |  |
|          |  | in Interchange Area                       | Junction Location    |                            | Intersection  |  | CTION               |  |                           |             |  |
|          | NO   | 1.0                                       | NON-JUNCTION         |                            | NOT AN  | INTERSE                                    | CTION               |  |                           |             |  |
|          |  | t Summary Status                          |                      | T Vehiele On               | oroting As C  | Nassification                              |                     | I I I a is To as a                     |                           |             |  |
|          |  |   |                      | -                          | _   | ing As Classification Unit Type TRUCK      |                     |  |                           |             |  |
|          |  | IN TRANSIT                                |                      |                            |   |  |                     |  | Operating As Endorsements |             |  |
| 01       |  | Vehicle Type UTILITY TRUCK/PICKUP TRUCK   |                      |                            |   | Operating As Endoisements                  |                     |  |                           |             |  |
|          | Tota   | Total Occs Train/Bus # Recorded           |                      |                            | Total # Citations Issued Total Trai                                 |  |                     | ailers Total HazMat Types              |                           | Mat Types   |  |
|          | 1  |   |                      | 0                          |   |  | 0                   |  | 0                         |             |  |
|          | Insu   | rance?                                    | Direction Of Travel  | Pre CrashTire              |   | e Speed Lin                                |                     | mit Total Lan                          |                           | es          |  |
| =        | YES  | 3   | Mark                 |                            | 55  |  | 2                   |  |                           |             |  |
|          |  | t Harmful Event: Collision                | Special Function     |                            |   | Emergency Motor Vehicle Use NOT APPLICABLE |                     |  |                           |             |  |
|          |  | STRUCK BY FALLING, SHIFTING CARGO OR ANYT |                      |                            | NO SPECIAL FUNCTION   |  |                     | Traffic Control Inoperative/Missing NO |                           |             |  |
|          | Traffic Way  |   |                      | Traffic Control            |   |  |                     |  |                           | uve/Missing |  |
|          |  | D-WAY, NOT DIVIDED                        | •                    | NO CONTROL  Road Curvature |   |  |                     | Road Grade                             |                           |             |  |
|          | Surface Type BLACKTOP (BITUMINOUS) Truck Bus or HazMat |   |                      | STRAIGH                    |   |  | LEVEL               |  |                           |             |  |
|          |  |   |                      | TomAlom                    |   |  |                     |  |                           |             |  |
|          | NO   | <u>-</u>                                  |                      |                            |   |  |                     |  |                           |             |  |
|          | ,  | Vehicle                                   |                      |                            |   |  |                     |  |                           |             |  |
|          |  | License Plate Number                      |                      |                            | Plate Type St   |  | Country of Issuance |  |                           |             |  |
|          |  | UA2317                                    | LTK - LIGHT TRUCK WI |                            |   | UNITED STATES                              |                     |  |                           |             |  |
| 5        | 7  | Vehicle Identification Number             |                      |                            | Make Year Model   |  |                     |  |                           |             |  |
| ٠        | 0  | 1C6RD7KP2CS303893<br>Color                |                      |                            | DODGE         2012         RAM           Body Style         Bus Use |  |                     |  |                           |             |  |
|          |  | BRO - BROWN                               |                      |                            | PK - PICKUP   |  |                     |  |                           |             |  |
|          | щ  | Initial Contact Point                     |                      |                            | Vehicle Damage  |  |                     |  |                           |             |  |
| <b>=</b> | C  | 이 - RIGHT FRONT CORNER                    |                      |                            |   |  |                     |  |                           | 7 8 9 10 11 |  |
|          | EHICLI   | Extent Of Damage                          |                      |                            | HT FRON   | ONT CORNER, 12 - FRONT                     |                     |  |                           | 6 2 12      |  |
|          | ♥ FUNCTIONAL DAMAGE                                    |   |                      |                            | 5 4 3 2 1   |  |                     |  |                           |             |  |

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|                    |            | Towed Due To Damage                                   |                       |  | e Removed By                            |             |                    |  |  |  |  |
|--------------------|------------|---|-----------------------|--|---|-------------|--------------------|--|--|--|--|
|                    |            | NOT TOWED   |                       | OPER                                       | RATOR                                   |             |                    |  |  |  |  |
|                    |            | What Driver Was Doing                                 |                       | Vehicle                                    | e Factors                               |             |                    |  |  |  |  |
|                    |            | GOING STRAIGHT  |                       |  |   |             |                    |  |  |  |  |
|                    |            | Driver Prior Action Other                             |                       | NOT A                                      | APPLICABLE                              |             |                    |  |  |  |  |
|                    |            | Driver Actions  |                       |  |   |             |                    |  |  |  |  |
|                    | ш          | NO CONTRIBUTING ACTI                                  | ON                    |  |   |             |                    |  |  |  |  |
| ╘                  | VEHICLE    |   |                       |  |   |             |                    |  |  |  |  |
| LNO                | Ĭ          |   |                       |  |   |             |                    |  |  |  |  |
|                    | VE         |   |                       |  |   |             |                    |  |  |  |  |
|                    |            |   |                       |  |   |             |                    |  |  |  |  |
|                    |            | Owner Name  |                       |  | Owner Address                           |             |                    |  |  |  |  |
| 5                  | 0          | JACOB HARRISON (608)<br>370-2674                      |                       | E13456 GRACE ST<br>MERRIMAC, WI 53561 , US |   |             |                    |  |  |  |  |
| 0                  | ٥          | 0.020.1   |                       |  |   |             |                    |  |  |  |  |
|                    |            |   |                       |  |   |             |                    |  |  |  |  |
|                    |            | Sequence Of Events Event                              |                       |  |   |             |                    |  |  |  |  |
|                    | 01         | STRUCK BY FALLING, SH                                 | IIFTING CARGO OR ANY  | THING                                      | SET IN MOTION                           | BY MOTOR VE | HICLE              |  |  |  |  |
|                    | 02         | Event   |                       |  |   |             |                    |  |  |  |  |
|                    | 0          |   |                       |  |   |             |                    |  |  |  |  |
|                    | 03         | Event   |                       |  |   |             |                    |  |  |  |  |
|                    |            | Event   |                       |  |   |             |                    |  |  |  |  |
|                    | 04         | Lvent   |                       |  |   |             |                    |  |  |  |  |
| _                  | ı          | Policy Holder   |                       |  |   |             |                    |  |  |  |  |
| LNO                |            | Insurance Company                                     |                       |  | Individual                              |             |                    |  |  |  |  |
| ر                  |            | PROGRESSIVE-CASUALTY-INS-CO                           |                       |  | JACOB HARRISON                          |             |                    |  |  |  |  |
|                    | ı          | Individual  |                       |  |   |             |                    |  |  |  |  |
|                    |            | Driver JACOB HARRISON (608) 370-2674                  |                       |  | Citations Issued Sex                    |             |                    |  |  |  |  |
|                    | ۲          |   |                       |  | 0 MALE  Date of Birth Race WHITE        |             |                    |  |  |  |  |
|                    | INDIVIDUAL |   |                       |  |   |             |                    |  |  |  |  |
|                    |            |   |                       |  | Driver License Number                   |             |                    |  |  |  |  |
| 5                  |            | Address<br>E13456 GRACE ST<br>MERRIMAC, WI 53561 , US |                       |  | STATE: WISCONSIN COUNTRY: UNITED STATES |             |                    |  |  |  |  |
|                    | Z          |   |                       |  |   |             |                    |  |  |  |  |
|                    |            |   |                       |  |   |             |                    |  |  |  |  |
|                    | _ !        | On Duty Crash   |                       |  | ety Equipment                           |             |                    |  |  |  |  |
|                    | Saf        | ety Equipment   |                       |  |   |             |                    |  |  |  |  |
|                    |            | Row   | Seat Position         | SHO  | SHOULDER & LAP BELT                     |             |                    |  |  |  |  |
|                    |            | 01 - FRONT ROW  | 07 - LEFT             |  |   |             |                    |  |  |  |  |
|                    |            | Helmet Use  |                       | Helmet Compliance                          |   |             |                    |  |  |  |  |
|                    |            | Eye Protection  |                       | Tint Compliance                            |   |             |                    |  |  |  |  |
|                    |            | Lye i Totection                                       |                       | Till Compilatice                           |   |             |                    |  |  |  |  |
| _                  | Ξ'         | Injury Severity                                       |                       |  | Airbag                                  |             |                    |  |  |  |  |
| NO APPARENT INJURY |            |   | NON DEPLOYED          |  |   |             |                    |  |  |  |  |
|                    |            | Ejected   | Ejection Path         |  |   |             | Trapped/Extricated |  |  |  |  |
|                    |            | NOT EJECTED NOT EJECTED/NOT APPI                      |                       |  |   |             | NOT TRAPPED        |  |  |  |  |
|                    |            |   |                       | EMS  | S Agency Identifier                     |             | EMS Run #          |  |  |  |  |
|                    |            | NOT TRANSPORTED                                       |                       | Dot-                                       | Date of Death Time of Death             |             |                    |  |  |  |  |
|                    |            | Hospital  |                       | Date                                       | on Deall                                |             | Time of Death      |  |  |  |  |
|                    |            | Distracted Distracte                                  | ed By Source          | _  |   |             | <u> </u>           |  |  |  |  |
|                    |            | Distracted By NOT A                                   | PPLICABLE (NOT DISTRA | ACTED                                      | <u>))</u>                               |             |                    |  |  |  |  |
|                    |            | Distracted By Action NOT DISTRACTED                   |                       |  |   |             |                    |  |  |  |  |

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|      |            | Non Motorist Striking Unit #      | Location          |                       |                   |                      |                |
|------|------------|-----------------------------------|-------------------|-----------------------|-------------------|----------------------|----------------|
|      |            | Prior Action                      |                   |                       |                   |                      |                |
| TINO | INDIVIDUAL | Action                            |                   |                       |                   |                      |                |
|      |            | Action Other                      |                   |                       |                   |                      | To/From School |
|      | ı          | Drug & Alcohol NO                 | Use               | Suspected Drug Use NO |                   |                      | 1              |
| •    |            | Alcohol Test Given TEST NOT GIVEN | Alcohol Test Type | 9                     |                   | Alcohol Test Results |                |
|      |            | Drug Test Given TEST NOT GIVEN    | Drug Test Type    |                       | Drug Test Results | 3                    |                |
| 2    | 001        | Drug Type                         | •                 |                       |                   |                      |                |
|      |            | Individual Condition              |                   |                       |                   |                      |                |
|      |            | APPEARED NORMAL                   |                   |                       |                   |                      |                |