WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| Document Number Over | ride | Primary Crash D | ocument # | Agency 24-006 | Crash Number 93 | | Investigating Officer/Deputy DEPUTY A. KING | |
|--------------------------|------------|---------------------------|------------------|----------------------|-----------------------|---------------|---|----------------------|
| Crash Date 01/19/2024 | | Crash Time 07:29 AM | | Date Arr 01/19/2 | | Time Arrived | Time Arrived 07:46 AM | |
| Date Notified 01/19/2024 | | Time Notified 07:30 AM | | Total Ur | | Total Injured | Total Killed | d |
|) | | | | | | | l l | Reporting |
| Government Property | | and Run | Lane Closu | | Work Zone Bus Related | Tags | or Towed | Threshold |
| Government Property | | | hool Zone | NO | | . ago | | |
| Reportable | | Crash Type DT4000 (STA | NDARD CRASH |) | | Amend | led | Secondary Crash |
| Description • | | | | | | | | |
| Diagram | | | | | | | Reconstruction | Ву |
| | | | | | | | | |
| N | on-reporta | able slide off | | | | | Photos By | |
| | | | | | | | | |
| | | | | | | | A LPC LLC | |
| | | | | | | | Additional Infor | mation |
| | | | | | | | | |
| | | | | | | | | |
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| | | | | | | | | |
| | | | - 4b-4 1 1 1 1 1 | 4 1 * - * | | | | |
| JOSHA STEEB WAS DRI | | | | | | | . DENIED INJURI | IES AND NO DAMAGE TO |
| THE VEHICLE. NACHREI | | | | v | | | | |
| | | | | | | | | |

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

| Location | | | |
|--|--------------------------|--------------------------------|--|
| ON PORTER RD 716 FT S | Latitude 43.189070044 | Longitude -90.172986206 | |
| OF USH14 WB IN THE TOWN OF SPRING GREEN IN SAUK COUNTY | X Coordinate 242161 | Y Coordinate 4786700 | |
| | Structure Type | | |
| Crash Scene | | | |

| • | | | | | | |
|------------------------------|----------------------|---------------------|---|---------------|--|--|
| Crash Scene | | | | | | |
| First Harmful Event | | | First Harmful Event Location | | | |
| DITCH | | | ROADSIDE | ROADSIDE | | |
| Manner of Collision | | Light Condition | Light Condition | | | |
| 00 - NO COLLISION WA | VEHICLE IN TRANSPORT | | DAYLIGHT | DAYLIGHT | | |
| Road Surface Condition(s) | | | Roadway Factor(s) | | | |
| SNOW | | | | | | |
| Environment Factor(s) | | | - | | | |
| WEATHER CONDITIONS | | | ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC) | | | |
| Weather Condition(s) | | | | | | |
| CLEAR | | | | | | |
| Animal Type | | | Relation To Trafficway | | | |
| | | | TRAFFICWAY - ON ROAD | | | |
| Crash Classification - Locat | tion | | Crash Classification - Jurisdiction | | | |
| PUBLIC PROPERTY | | | NO SPECIAL JURISDICTION | | | |
| Tribal Land | Tribal Land | | | Special Study | | |
| | | | NO CONTROL | | | |
| Within Interchange Area | Junction Location | Intersect | ion Type | • | | |
| NO | NON-JUNCTION | NOT AN INTERSECTION | | | | |

| | Unit Summary | | _ | | _ | |
|------|---------------------------------|---------------------|---------------------------------|-------|-------------------------------------|--------------------|
| | Unit Status | | Vehicle Operating As Classifica | ation | Unit Type | |
| | IN TRANSIT | | D CLASS | | TRUCK | |
| - | Vehicle Type | | | | Operating As Endorsements | |
| Ò | UTILITY TRUCK/PICKUP TRUCK | | | | | |
| İ | Total Occs Train/Bus # Recorded | | Total # Citations Issued Total | | ers | Total HazMat Types |
| | 1 | | 0 | 0 | | 0 |
| İ | Insurance? | Direction Of Travel | Pre CrashTire Speed L | | nit | Total Lanes |
| I⊨ | YES | NORTHBOUND | Mark | 45 | | 2 |
| FIND | Most Harmful Event: Collision W | /ith | Special Function | | Emergency Motor Vehicle Use | |
| > | DITCH | | NO SPECIAL FUNCTION | | NOT APPLICABLE | |
| İ | Traffic Way | | Traffic Control | | Traffic Control Inoperative/Missing | |
| | TWO-WAY, NOT DIVIDED | | NO CONTROL | | NO | |
| İ | Surface Type | | Road Curvature | | Road Grade | |
| | BLACKTOP (BITUMINOUS) | | STRAIGHT | | LEVEL | |
| İ | Truck Bus or HazMat | | • | | | |
| | NO | | | | | |
| | | | | | | |

| | NO | | | | | | | | |
|-----|---------|-------------------------------|-------------------|-----------------|------------------|---------------------|--|--|--|
| | Vehicle | | | | | | | | |
| | | License Plate Number | Plate Type | Plate Type St C | | Country of Issuance | | | |
| | | UC1128 | LTK - LIGHT TRUCK | WI | WI UNITED STATES | | | | |
| 1 | | Vehicle Identification Number | Make | Year | Model | | | | |
| | 9 | 3TMDZ5BNXHM012873 | TOYOTA | 2017 | TACOMA | | | | |
| 1 | | Color | Body Style | • | Bus Use | | | | |
| | | TAN - TAN | PK - PICKUP | | | | | | |
| 1 | щ | Initial Contact Point | Vehicle Damage | | • | 7 8 9 10 11 | | | |
| I N | ፘ | 00 - NON-COLLISION | | | | 7 8 9 10 11 | | | |
| = | 王 | Extent Of Damage | 00 - NO DAMAGE | | | 6 | | | |
| | VE | NO DAMAGE | | | | 5 4 3 2 1 | | | |

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data.

2 of 4

Crash Date 01/19/2024 Crash Time 07:29 AM

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 | | | | | |
| | | GOING STRAIGHT | | | | | | | |
| | | Driver Prior Action Other | | NOT APPLICABLE | | | | | |
| | | Driver Actions | | | | | | | |
| | | SPEED TOO FAST/COND | | | | | | | |
| ▶ | ij | 0. 122 100 1710 110 110 110 110 110 110 110 11 | | | | | | | |
| L | ¥ | | | | | | | | |
| > | VEHICLE | | | | | | | | |
| | | | | | | | | | |
| | | Owner Name | | Owner Address | | | | | |
| | 2 | JOSHUA STEER (608) 495-2067 | 3 | 401 N. 7TH ST LC | | | | | |
| | 0 | (606) 493-2007 | | AVOCA, WI 53506 , US | | | | | |
| | | | | | | | | | |
| | | Sequence Of Events Event | | | | | | | |
| | 2 | DITCH | | | | | | | |
| | ~ | Event | | | | | | | |
| | 05 | | | | | | | | |
| | 03 | Event | | | | | | | |
| | 0 | - | | | | | | | |
| | 4 | Event | | | | | | | |
| | | Deliev Helder | | | | | | | |
| E N | | Policy Holder Insurance Company | | Individual | | | | | |
| 5 | | PROGRESSIVE-CLASSIC- | JOSHUA STEEB | | | | | | |
| | | Individual | | | | | | | |
| | | Driver | | Citations Issued Sex | | | | | |
| | _ | JOSHUA STEER | 3 | 0 MALE | | | | | |
| | ¥ | 608) 495-2067 | | Date of Birth Race | | | | | |
| ╘ | INDIVIDUAL | | | WHITE | | | | | |
| L L | \geq | Address 1525 HUNTINGTON PARK | NP. | Driver License Number | • | | | | |
| | Ĭ | REEDSBURG, WI 53959 , | | | | | | | |
| | | | | | | | | | |
| | | On Duty | Crash | Safety Equipment | | | | | |
| | Sat | fety Equipment | | , | | | | | |
| | | Row | Seat Position | SHOULDER & LAP | BELT | | | | |
| | | 01 - FRONT ROW | 07 - LEFT | | | | | | |
| | | Helmet Use | | Helmet Compliance | | | | | |
| | | Eye Protection | | Tot Compliance | | | | | |
| | | Lyc i lotocaon | | Tint Compliance | | | | | |
| _ | Ξ | Injury Se | verity | Airbag | | | | | |
| 0 | 9 | Injury NO API | PARENT INJURY | NON DEPLOYED | | | | | |
| | | Ejected | Ejection Path | - | | Trapped/Extricated | | | |
| | NOT EJECTED NOT EJECTED/NOT AF Medical Transport | | PPLICABLE EMS Agency Identifier | | NOT TRAPPED EMS Run # | | | | |
| | NOT TRANSPORTED | | | EMS Agency Identilier | | EWS Kull# | | | |
| | Hospital Date of Death Time of Death | | | | | | | | |
| | | | | | | | | | |
| | | Distracted By No. | d By Source | ACTED) | | | | | |
| | Distracted By NOT APPLICABLE (NOT DISTRACTED) | | | | | | | | |
| | | Distracted By Action NOT DISTRACTED | | | | | | | |
| | | | | | | | | | |

Wisconsin Motor Vehicle Crash Form DT4000

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Crash Date 01/19/2024
Crash Time 07:29 AM

3 of 4

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

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