# 6TL0BFKDJW

24-00979

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

|             | Document Number Override  | Primary Crash Document #                          |  | 24-00979  |  | DEPUTY B   | Investigating Officer/Deputy DEPUTY B. FISH    |   |  |
|-------------|---|---|--|---|--|--|--|---|--|
| ₹           | Crash Date<br>01/27/2024  | Crash Time<br><b>99:99</b>                        |  | Date Arrived<br>01/27/2024                      |  | Time Arrived 04:18 PM                                |  |   |  |
| 6TL0BFKDJW  | Date Notified 01/27/2024  | Time Notified 03:40 PM                            |  | Total Units 01                                  |  | Total Injured Total Kille                            |  | ed  |  |
| OBF         | On Emergency  | t and Run   |  | sure Work Zone                                  |  | Trailer or Towed                                     |  | Reporting<br>Threshold  |  |
| U<br>L<br>C | Government<br>Property  | Active Sc   | hool Zone                                      | School<br>NO                                    | Bus Related  | Tags   | ags  |   |  |
|             | ✓ Reportable  | Crash Type<br>DT4000 (STA                         | NDARD CRAS                                     | SH)   |  | Amend  | ed   | Secondary<br>Crash  |  |
|             | Description   |   |  |   |  |  | Reconstruction                                 |   |  |
|             |   | — Hwy 12  | ţ  | B. Fis<br>Sauk                                  | Scale<br>h #9142<br>County<br>if's Office<br>/24                   |  | Photos By<br>DEPUTY FIS                        |   |  |
|             | ✔ I, a sworn law enforceme  | nt officer, agre                                  | e that I have i                                | not addeo                                       | l any CJIS data in th  | nis report.  |  |   |  |
|             | UNIT 1 WAS TRAVELING NORTH O<br>UNCONTROLLABLY. WHILE COUG<br>HIGHWAY SIGN POST. THE SIGN V<br>REPORT THE INCIDENT. THE OPEI<br>NOT INJURED, AND WERE NOT IN<br>THE DRIVERS SIDE. | HING THE OPERA<br>WAS DAMAGED A<br>RATOR AND SOLI | TOR OF UNIT 1<br>ND KNOCKED D<br>E OCCUPANT OF | DEVIATED<br>OWN. UNIT<br><sup>5</sup> UNIT 1 W/ | FROM HIS LANE TOWA<br>1 CONTINUED TO THE<br>AS ID WITH A WI DL. TH | RDS THE CENTER<br>IR DESTINATION A<br>EY PROVIDED VA | Divider. Unit<br>ND Called La<br>Lid Insurance | 1 STRUCK A DIVIDED<br>W ENFORCEMENT TO<br>E, STATED THEY WERE |  |

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| L | .00   | ation                                   |                     |                                |  |  |   |                          |               |             |  |  |
|---|---|---|---------------------|--------------------------------|--|--|---|--------------------------|---------------|-------------|--|--|
|   | ON USH12 WB   |   |                     |                                |  | Latitude   |   |                          | Longit        | tude        |  |  |
|   | 370 FT S  |   |                     |                                |  | 43.313742575   |   | -89.7                    | 59144905      |             |  |  |
|   | OF USH12 WB<br>IN THE TOWN OF PRAIRIE DU SAC                              |   |                     |                                |  |  | X Coordinate Y                          |                          | Y Coc         | ordinate    |  |  |
|   | IN THE TOWN OF PRAIRIE DU SAC<br>IN SAUK COUNTY                           |   |                     |                                |  |  | 0625                                    |                          | 4799          | 353.5       |  |  |
|   |   |   |                     |                                |  | Structure Type   |   |                          |               |             |  |  |
|   |   |   |                     |                                |  | NO STR   | UCTURE                                  |                          |               |             |  |  |
| _ |   | sh Scene                                |                     |                                |  |  |   |                          |               |             |  |  |
|   |   | Harmful Event                           |                     |                                |  |  | nful Event Lo                           | ocation                  |               |             |  |  |
|   |   | FFIC SIGN POST                          |                     |                                |  | SEPARA   |   |                          |               |             |  |  |
|   | Manner of Collision   |   |                     |                                |  |  | Light Condition                         |                          |               |             |  |  |
|   |   |   | EHICLE IN TRANSPORT |                                | DAYLIGHT<br>Roadway Factor(s)                                  |  |   |                          |               |             |  |  |
|   |   | Surface Condition(s)                    |                     |                                |  | Roadway  | Factor(s)                               |                          |               |             |  |  |
|   | WE.   | т                                       |                     |                                |  |  |   |                          |               |             |  |  |
| ſ | Envi  | onment Factor(s)                        |                     |                                |  | 1  |   |                          |               |             |  |  |
|   | NO  | IE                                      |                     |                                |  | NONE   |   |                          |               |             |  |  |
| ┢ | Wea   | ther Condition(s)                       |                     |                                |  | 1  |   |                          |               |             |  |  |
|   |   | OUDY, RAIN                              |                     |                                |  |  |   |                          |               |             |  |  |
|   |   | -                                       |                     |                                |  |  |   |                          |               |             |  |  |
|   | AUIU  | al Type                                 |                     |                                |  |  | o Trafficway<br>CWAY - OI               |                          |               |             |  |  |
| ┢ | Cras  | h Classification - Location             | 1                   |                                |  |  | -                                       | -                        |               |             |  |  |
|   | Crash Classification - Location PUBLIC PROPERTY                           |   |                     |                                |  | Crash Classification - Jurisdiction<br>NO SPECIAL JURISDICTION |   |                          |               |             |  |  |
|   |   | I Land                                  |                     |                                |  |  |   |                          | Special Study |             |  |  |
|   |   |   |                     |                                |  | NO CONTROL   |   |                          |               |             |  |  |
| ľ | With  | thin Interchange Area Junction Location |                     |                                | Intersection   | on Type  |   |                          |               |             |  |  |
|   | NO NON-JUNCTION   |   |                     |                                | NOT AN   | INTERSE  | CTION                                   |                          |               |             |  |  |
|   |   | Summary 💻                               |                     |                                |  |  |   |                          |               |             |  |  |
|   |   | Status                                  |                     |                                | •  | Classification Unit Type                                       |   |                          |               |             |  |  |
|   | IN TRANSIT  |   |                     | D CLASS                        |  |  | AUTOMOBILE<br>Operating As Endorsements |                          |               |             |  |  |
|   |   |   |                     |                                | Operating  |  |   |                          | s Endors      | sements     |  |  |
|   | (SPORT) UTILITY VEHICLE Total Occs I Train/Bus # Recorded                 |   |                     | Total # Citations Issued Total |  |  | Total Trail                             | are                      | Total H       | azMat Types |  |  |
|   | Total Occs Train/Bus # Recorded   |   | 0                   |                                | 0  |  | 0                                       |                          | azmat Types   |             |  |  |
| ŀ | -   | ance?                                   | Direction Of Travel | Pre CrashTir                   |  |  | Speed Lim                               | eed Limit                |               | anes        |  |  |
|   | YES   |   | NORTHBOUND          | Pre                            | Mark   |  | 55                                      |                          | 2             |             |  |  |
|   | Most Harmful Event: Collision With  |   |                     |                                | Special Function Emergency Moto                                |  |   |                          |               |             |  |  |
| - | TRAFFIC SIGN POST   |   |                     | NO SPECIAL FUNCTION            |  |  |   | NOT APPLICABLE           |               |             |  |  |
|   |   | c Way                                   |                     | -                              |  |  |   | trol Inoperative/Missing |               |             |  |  |
|   |   | D-WAY, DIVIDED, UNF                     | NO CONTROL          |                                |  |  | NO                                      |                          |               |             |  |  |
|   |   |   |                     | Road Curvature<br>STRAIGHT     |  |  |   |                          | Road Grade    |             |  |  |
|   | BLACKTOP (BITUMINOUS) Truck Bus or HazMat                                 |   |                     |                                | 1  |  |   | LEVEL                    |               |             |  |  |
|   | NO  |   |                     |                                |  |  |   |                          |               |             |  |  |
| + | ١   | /ehicle                                 |                     |                                |  |  |   |                          |               |             |  |  |
|   |   | License Plate Number                    |                     | Plate Type St                  |  | St   | Country of Issuance                     |                          |               |             |  |  |
|   |   | Color                                   |                     |                                | AUT - AUTOMOBILE<br>Make<br>HONDA                              |  | WI                                      | UNITED STATES            |               |             |  |  |
|   | ~   |   |                     |                                |  |  | Year                                    | Model                    |               |             |  |  |
|   | 5   |   |                     |                                |  |  | 2017                                    | CRV                      |               |             |  |  |
|   |   |   |                     |                                | Body Style     Bus Use       4H - HATCHBACK 4 DOOR     Bus Use |  |   |                          |               |             |  |  |
|   | RED - RED   |   |                     | 4H - HAT<br>Vehicle Da         |  | 4 DOOK   |   |                          |               |             |  |  |
|   |   |   |                     |                                | anaye  |  |   |                          |               | 7 8 9 10 11 |  |  |
|   | Ĕ   | Extent Of Damage                        |                     |                                | T FRONT  | CORNER   |   |                          |               | 6 12        |  |  |
|   | I1 - LEFT FRONT CORNER         Extent Of Damage         FUNCTIONAL DAMAGE |   |                     | 5 4 3 2 1                      |  |  |   |                          |               |             |  |  |
|   |   |   |                     |                                |  |  |   |                          |               |             |  |  |

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|      |            | Towed Due To Damage <b>NOT TOWED</b>            |                        | Vel                                     | nicle Removed By         |             |                    |  |  |  |
|------|------------|---|------------------------|---|--------------------------|-------------|--------------------|--|--|--|
|      |            | What Driver Was Doing                           |                        | Vel                                     | hicle Factors            |             |                    |  |  |  |
|      |            | GOING STRAIGHT                                  |                        |   |                          |             |                    |  |  |  |
|      |            | Driver Prior Action Other                       |                        | NC                                      | OT APPLICABLE            |             |                    |  |  |  |
|      |            | Driver Actions                                  |                        |   |                          |             |                    |  |  |  |
|      | ш          | OTHER CONTRIBUTING AC                           | CTION                  |   |                          |             |                    |  |  |  |
| E    | 5<br>L     |   |                        |   |                          |             |                    |  |  |  |
| UNIT | VEHICLE    |   |                        |   |                          |             |                    |  |  |  |
|      | /EI        |   |                        |   |                          |             |                    |  |  |  |
|      | ~          |   |                        |   |                          |             |                    |  |  |  |
|      |            | Owner Name                                      |                        |   | Owner Address            |             |                    |  |  |  |
|      |            | JASON ZUELKE                                    |                        | S1818 GLEN VALLEY DR                    |                          |             |                    |  |  |  |
| 2    | 01         | (608) 524-5722                                  |                        |   | REEDSBURG, WI 53959 , US |             |                    |  |  |  |
|      |            |   |                        |   |                          |             |                    |  |  |  |
|      | 9          | Sequence Of Events                              |                        |   | 1                        |             |                    |  |  |  |
|      |            | Event   |                        |   |                          |             |                    |  |  |  |
|      | 01         |   | RT                     |   |                          |             |                    |  |  |  |
|      | 02         | Event<br>TRAFFIC SIGN POST                      |                        |   |                          |             |                    |  |  |  |
|      | 03         | Event   |                        |   |                          |             |                    |  |  |  |
|      | _          | Event   |                        |   |                          |             |                    |  |  |  |
|      | 04         |   |                        |   |                          |             |                    |  |  |  |
| н    | I          | Policy Holder                                   |                        |   |                          |             |                    |  |  |  |
| UNIT |            | Insurance Company                               |                        | Individual                              |                          |             |                    |  |  |  |
|      |            | AMERICAN-FAMILY-INS-CO                          |                        | JASON ZUELKE                            |                          |             |                    |  |  |  |
|      |            | ndividual                                       |                        |   |                          |             |                    |  |  |  |
|      | INDIVIDUAL | Driver  |                        |   | Citations Issued Sex     |             |                    |  |  |  |
|      |            | JASON ZUELKE                                    |                        | 0 MALE                                  |                          |             |                    |  |  |  |
|      |            | (608) 524-5722<br>Address                       |                        |   | Date of Birth            |             |                    |  |  |  |
| E    | D          |   |                        |   | WHITE                    |             |                    |  |  |  |
|      | $\geq$     |   |                        |   | Driver License Number    |             |                    |  |  |  |
| -    |            | S1818 GLEN VALLEY DR<br>REEDSBURG, WI 53959, US |                        | STATE: WISCONSIN COUNTRY: UNITED STATES |                          |             |                    |  |  |  |
|      | -          |   |                        |   |                          |             |                    |  |  |  |
|      |            |   |                        |   |                          |             |                    |  |  |  |
|      | Sat        | On Duty Crash<br>Ifety Equipment                |                        |   | Safety Equipment         |             |                    |  |  |  |
|      | Cui        |   |                        |   |                          |             |                    |  |  |  |
|      |            |   | Seat Position          |   | RESTRAINT USE            | UNKNOWN     |                    |  |  |  |
|      |            | 01 - FRONT ROW<br>Helmet Use                    | 07 - LEFT              |   |                          |             |                    |  |  |  |
|      |            |   |                        | Helmet Compliance                       |                          |             |                    |  |  |  |
|      |            | Eye Protection                                  |                        | Tint Compliance                         |                          |             |                    |  |  |  |
|      |            |   |                        |   |                          |             |                    |  |  |  |
| -    | Σ          |   |                        | /                                       | Airbag                   |             |                    |  |  |  |
| 2    | 001        | Injury NO APP                                   | ARENT INJURY           | 1                                       | NON DEPLOYED             |             |                    |  |  |  |
|      |            | Ejected E                                       | jection Path           |   | 1                        |             | Trapped/Extricated |  |  |  |
|      |            | NOT EJECTED NOT EJECTED/NOT A                   |                        | PLICABLE                                |                          | NOT TRAPPED |                    |  |  |  |
|      |            | Medical Transport                               |                        | E                                       | EMS Agency Identifier    |             | EMS Run #          |  |  |  |
|      |            | NOT TRANSPORTED                                 |                        |   |                          |             |                    |  |  |  |
|      |            | Hospital  |                        | Date of Death Time of Death             |                          |             |                    |  |  |  |
|      |            |   |                        |   |                          |             |                    |  |  |  |
|      |            | Distracted By                                   | By Source<br><b>WN</b> |   |                          |             |                    |  |  |  |
|      |            | Distracted By Action                            |                        |   |                          |             |                    |  |  |  |
|      |            | OTHER ACTION (LOOKING                           | AWAY FROM TASK E       | TC)                                     |                          |             |                    |  |  |  |
|      |            |   |                        |   |                          |             |                    |  |  |  |

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|              |  | Non Motor   | Striking Unit #  | Location               |                          |                   |                      |                   |  |  |
|--------------|--|---|------------------|------------------------|--------------------------|-------------------|----------------------|-------------------|--|--|
|              |  | Prior Action  |                  |                        |                          |                   |                      |                   |  |  |
|              |  | Action  |                  |                        |                          |                   |                      |                   |  |  |
|              | JAL                                    |   |                  |                        |                          |                   |                      |                   |  |  |
| UNIT         | /IDL                                   |   |                  |                        |                          |                   |                      |                   |  |  |
|              | INDIVIDUAL                             |   |                  |                        |                          |                   |                      |                   |  |  |
|              | -                                      |   |                  |                        |                          |                   |                      |                   |  |  |
|              |  | Action Other  |                  |                        |                          |                   |                      | To/From School    |  |  |
|              |  | Suspected Alcohol Use   |                  |                        | Suspected Drug Use       |                   |                      |                   |  |  |
|              |  | Drug & Alcohol No   |                  |                        | NO                       |                   |                      |                   |  |  |
|              |  |   |                  | Alcohol Test Type      | e                        |                   | Alcohol Test Results |                   |  |  |
|              |  | TEST NOT GIVEN           Drug Test Given         Drug Test Type |                  | Drug Test Type         |                          | Drug Test Results |                      |                   |  |  |
|              |  | TEST NOT GIVEN  |                  | Didg rest type         |                          | Drug Test Results | 5                    |                   |  |  |
| 2            | 001                                    | Drug Type   |                  |                        |                          |                   |                      |                   |  |  |
|              | _                                      |   |                  |                        |                          |                   |                      |                   |  |  |
|              |  | Individual Condition  | on               |                        |                          |                   |                      |                   |  |  |
|              |  | ILL (SICK), FA  |                  |                        |                          |                   |                      |                   |  |  |
| I            | Pro                                    | operty Owner  |                  |                        |                          |                   |                      |                   |  |  |
| r            | Government<br>SAUK COUNTY HWY DEPT     |   |                  |                        | Address<br>620 STH 136   |                   |                      |                   |  |  |
| , о <b>1</b> | SAUK COUNTY HWY DEPT<br>(608) 356-3855 |   |                  |                        | 620 STH 136<br>PO BOX 26 |                   |                      |                   |  |  |
| PROP         |  |   |                  | BARABOO, WI 53913 , US |                          |                   |                      |                   |  |  |
|              |  | ed Objects S  | truck            |                        |                          |                   |                      |                   |  |  |
|              | _                                      | Striking Unit   | Struck Object    |                        |                          |                   | Structure Number     | Damage Tag Number |  |  |
|              | 01                                     | 01  | TRAFFIC SIGN POS | т                      |                          |                   |                      | 338201            |  |  |