

6TL0F2KRC5  
24-01280

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

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Document Number Override		Primary Crash Document #		Agency Crash Number 24-01280		Investigating Officer/Deputy DEPUTY I. GALVAN	
Crash Date 02/05/2024		Crash Time 03:00 PM		Date Arrived 02/05/2024		Time Arrived 03:07 PM	
Date Notified 02/05/2024		Time Notified 03:02 PM		Total Units 02		Total Injured 01	Total Killed 01
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input checked="" type="checkbox"/> Lane Closure		<input type="checkbox"/> Work Zone		<input checked="" type="checkbox"/> Trailer or Towed	<input checked="" type="checkbox"/> Reporting Threshold
<input type="checkbox"/> Government Property		<input type="checkbox"/> Active School Zone		School Bus Related NO		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended		<input type="checkbox"/> Secondary Crash	

Description

Diagram		Reconstruction By SAUK COUNTY SHERIFF	
		Photos By LAW ENFORCEMENT	
		Additional Information PHOTOS, RECONSTRUCTION, FATAL CRASH SUPPLEMENT	

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

UNIT 1 WAS TRAVELING WESTBOUND ON STH 23 APPROACHING SHADY LANE ROAD. UNIT 2 WAS TRAVELING EASTBOUND IN THE SAME AREA. UNIT 1 TRAVELED LEFT OF CENTER IN WHAT APPEARS TO BE AN ATTEMPT TO MAKE A LEFT TURN. UNIT 1 STRUCK UNIT 2 CAUSING SEVERE DAMAGE TO UNIT 1. UNIT 1 SUFFERED LIFE THREATENING INJURIES AND DIED ON SCENE. UNIT 2 COMPLAINED OF LEG AND KNEE PAIN.

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Location

ON STH23 WB 120 FT E OF SHADY LANE RD IN THE TOWN OF EXCELSIOR IN SAUK COUNTY	Latitude <b>43.548316046</b>	Longitude <b>-89.843996019</b>
	X Coordinate <b>270257.5625</b>	Y Coordinate <b>4825637.5</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>DRY</b>		Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>			
Weather Condition(s) <b>CLEAR</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>INTERSECTION-RELATED</b>	Intersection Type <b>T-INTERSECTION</b>	
Closure Type <b>FULL CLOSURE</b>		Reasons for Closure <b>LAW ENFORCEMENT, FIRE/EMS, MED FLIGHT</b>	
Date Initial Lane/Rd Closed <b>02/05/2024</b>	Time Initial Lane/Rd Closed <b>03:07 PM</b>	Date Scene Cleared <b>02/05/2024</b>	
Date All Lanes Open <b>02/05/2024</b>	Time All Lanes Open <b>05:36 PM</b>		

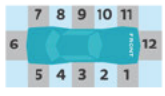
Unit Summary

UNIT 01	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>TRUCK</b>	
	Vehicle Type <b>UTILITY TRUCK/PICKUP TRUCK</b>				Operating As Endorsements	
	Total Occs <b>1</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>2</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>CURVE RIGHT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>					
	<b>Vehicle</b>					
	License Plate Number <b>IPSIRE5</b>		Plate Type <b>LTK - LIGHT TRUCK</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
Vehicle Identification Number <b>1FTYR10D18PB15369</b>		Make <b>FORD</b>	Year <b>2008</b>	Model <b>RAN</b>		

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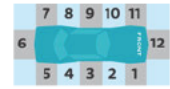
UNIT VEHICLE	Color <b>BLU - BLUE</b>	Body Style <b>PK - PICKUP</b>	Bus Use	
	Initial Contact Point <b>11 - LEFT FRONT CORNER</b>	Vehicle Damage <b>15 - ALL AREAS</b>		
	Extent Of Damage <b>DISABLING DAMAGE</b>			
	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	Vehicle Removed By <b>CRAIGS TOWING</b>		
	What Driver Was Doing <b>LEFT TURN</b>	Vehicle Factors		
	Driver Prior Action Other	<b>NOT APPLICABLE</b>		
UNIT VEHICLE	Driver Actions <b>FAILED TO KEEP IN DESIGNATED LANE</b>			
	Owner Name <b>OUR HELP INC (608) 524-8086</b>	Owner Address <b>304 W BROADWAY ST ROCK SPRINGS, WI 53961 , US</b>		
UNIT 01	<b>Sequence Of Events</b>			
	Event <b>MOTOR VEH IN TRANSPORT</b>			
	Event			
	Event			
	Event			
UNIT 01	<b>Policy Holder</b>			
	Insurance Company <b>AMERICAN-FAMILY-INS-CO</b>	Individual <b>RONALD SERSLAND</b>		
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>RONALD HILLMAN SERSLAND</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>	
		Date of Birth [REDACTED]	Race <b>WHITE</b>	
	Address <b>E9826 BUCKHORN RD REEDSBURG, WI 53959 , US</b>	Driver License Number [REDACTED] <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
UNIT 01	<b>Safety Equipment</b>		On Duty Crash	
			Safety Equipment	
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	<b>NONE USED - VEHICLE OCCUPANT</b>	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	<b>Injury</b>	Injury Severity <b>FATAL INJURY</b>	Airbag <b>DEPLOYED-FRONT</b>	
UNIT 001	Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>	
	Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	
			EMS Run #	



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UNIT VEHICLE	Initial Contact Point <b>10 - LEFT SIDE FRONT</b>		Vehicle Damage <b>07 - LEFT REAR CORNER, 10 - LEFT SIDE FRONT</b>	
	Extent Of Damage <b>DISABLING DAMAGE</b>			
	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>CRAIGS TOWING</b>	
	What Driver Was Doing <b>NEGOTIATING CURVE</b>		Vehicle Factors <b>NOT APPLICABLE</b>	
	Driver Prior Action Other			
UNIT VEHICLE	Driver Actions <b>NO CONTRIBUTING ACTION</b>			
	Owner Name <b>JILL D STEFFES (815) 355-1466</b>		Owner Address <b>233 RIVER RD PO BOX 546 GREENUP, IL 62428 , US</b>	
UNIT 02	<b>Sequence Of Events</b>			
	01	Event <b>MOTOR VEH IN TRANSPORT</b>		
	02	Event		
	03	Event		
	04	Event		
UNIT 02	<b>Policy Holder</b>			
	Insurance Company <b>GREAT-WEST-CASUALTY-CO</b>		Individual <b>JILL STEFFES</b>	
UNIT TRAILER/	<b>Trailer/Towed</b>			
	Trailer Plate # <b>865458ST</b>	Plate Type <b>STL - SEMI</b>	Make <b>GDAN</b>	State <b>IL</b>
	Country of Issuance <b>UNITED STATES</b>	Unit Type <b>SEMI TRAILER</b>		Organization/Company <b>ROUTE 40 EQUIPMENT RENTAL FIRM (217) 343-1967</b>
	Vehicle Identification Number <b>1GRAA0627FB702006</b>		Address <b>815 S MAPLE ST EFFINGHAM, IL 62401 , US</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>JILL D STEFFES (815) 355-1466</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>
	Date of Birth [REDACTED]		Race <b>WHITE</b>	
	Address <b>233 RIVER RD PO BOX 546 GREENUP, IL 62428 , US</b>		Driver License Number [REDACTED] <b>STATE: ILLINOIS COUNTRY: UNITED STATES</b>	
UNIT INDIVIDUAL	<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	

02	002	<b>Injury</b>		Injury Severity <b>POSSIBLE INJURY</b>	Airbag <b>NON DEPLOYED</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>6001024</b>	EMS Run # <b>000</b>		
		Hospital <b>REEDSBURG AREA MED CTR</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					
		UNIT	INDIVIDUAL	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 GIVEN</b>				Alcohol Test Type <b>BLOOD</b>	Alcohol Test Results <b>PENDING</b>		
Drug Test Given <b>TEST GIVEN</b>				Drug Test Type <b>BLOOD</b>	Drug Test Results <b>PENDING</b>		
Drug Type							
Individual Condition <b>APPEARED NORMAL</b>							
<b>Carrier</b>							
<input checked="" type="checkbox"/> Use Vehicle Owner Same as Carrier				Source <b>VEHICLE-SIDE</b>			
Name <b>JILL D STEFFES USDOT# 1135119</b>				Address <b>233 RIVER RD PO BOX 546 GREENUP, IL 62428 , US</b>			
02	002			GVWR <b>MORE THAN 26,000 LB</b>		Vehicle Configuration <b>TRUCK TRACTOR/SEMI-TRAILER</b>	Cargo Body Type <b>UNKNOWN</b>
		US DOT # <b>1135119</b>		Carrier Type <b>INTERSTATE CARRIER</b>	Permitted Load <b>NOT APPLICABLE</b>		
		<input type="checkbox"/> OS/OW Load	WI Permit Number	<input type="checkbox"/> Permitted Vehicle On Permitted Route	<input type="checkbox"/> Escort Vehicle Required By Permit	<input type="checkbox"/> Escort Vehicle Present	
		Measured Height		Measured Length	Measured Width	Measured Weight	
UNIT	TRUCK BUS	01					