

6TL0BJ1GPC
24-02120

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

6TL0BJ1GPC

Document Number Override		Primary Crash Document #		Agency Crash Number 24-02120		Investigating Officer/Deputy DEPUTY J. MACASKILL	
Crash Date 03/01/2024		Crash Time 02:17 PM		Date Arrived 03/01/2024		Time Arrived 02:20 PM	
Date Notified 03/01/2024		Time Notified 02:18 PM		Total Units 03		Total Injured 00	Total Killed 00
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input type="checkbox"/> Lane Closure	<input type="checkbox"/> Work Zone	<input type="checkbox"/> Trailer or Towed	<input 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

<p>Diagram</p> <p style="text-align: right;">Not Drawn to Scale</p>	Reconstruction By
	Photos By
	Additional Information NONE

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

ON 3/1/24 AT APPROXIMATELY 1415, UNIT 1 WAS DRIVING SOUTHBOUND ON CTH A NEAR SHADY LANE RD. UNIT 1 WAS A DUMP TRUCK FULL OF GRAVEL. UNIT 1 WAS SPILLING A LOT OF GRAVEL ONTO THE ROADWAY FROM THE BACK OF THE TRUCK AS IT WAS DRIVING SOUTHBOUND. AS UNIT 1 WAS DRIVING SOUTHBOUND ON CTH A LOSING GRAVEL, UNIT 2 AND UNIT 3 WERE DRIVING NORTHBOUND ON CTH A NEAR SHADY LANE RD. AS UNITS 2 AND 3 PASSED UNIT 1, THEY REPORTED THAT A LARGE QUANTITY OF GRAVEL STRUCK THEIR VEHICLES CAUSING DAMAGE TO ALL AREAS OF BOTH VEHICLES TO INCLUDE THE WIND SHIELDS. OPERATOR OF UNIT 1 WAS CITED FOR FAILURE TO PROPERLY SECURE THE LOAD OF GRAVEL.

WISCONSIN MOTOR VEHICLE CRASH REPORT

Location

Table with location details: ON CTHA SB 0.50 MI N OF CTHU NB IN THE TOWN OF FAIRFIELD IN SAUK COUNTY. Includes Latitude (43.53945038), Longitude (-89.738647697), X Coordinate (278735.65625), Y Coordinate (4824367), and Structure Type (NO STRUCTURE).

Crash Scene

Table with crash scene details: First Harmful Event (CARGO/EQUIPMENT LOSS OR SHIFT), Manner of Collision (00 - NO COLLISION W/VEHICLE IN TRANSPORT), Road Surface Condition (DRY), Environment Factor (NONE), Weather Condition (CLEAR), Animal Type, Crash Classification (PUBLIC PROPERTY), and Intersection Type (NOT AN INTERSECTION).

Unit Summary

Table with unit summary details: Unit Status (IN TRANSIT), Vehicle Operating As Classification (B CLASS), Unit Type (TRUCK), Vehicle Type (STRAIGHT TRUCK), Total Occs (1), Direction Of Travel (SOUTHBOUND), Most Harmful Event (CARGO/EQUIPMENT LOSS OR SHIFT), Traffic Way (TWO-WAY, NOT DIVIDED), Surface Type (BLACKTOP (BITUMINOUS)), and Truck Bus or HazMat (TRUCK OR TRUCK COMBINATION > 10,000LBS GVWR/GCWR).

Table with vehicle details: License Plate Number (RB31226), Vehicle Identification Number (1HTWYAHT26J331708), Color (RED - RED), Initial Contact Point (15 - CARGO LOSS), and Extent Of Damage (NO DAMAGE). Includes a VIN decoder graphic.

WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		OTHER	
	Driver Actions OTHER CONTRIBUTING ACTION			
01 01	Owner Name ALLEN STEELE CO. (608) 254-2595		Owner Address S2044 COUNTY ROAD T LAKE DELTON, WI 53940 , US	
	Sequence Of Events			
01 02 03 04	Event CARGO/EQUIPMENT LOSS OR SHIFT			
	Event			
	Event			
	Event			
UNIT	Policy Holder			
	Insurance Company UNITED-FIRE-&-CASUALTY-CO		Organization/Company ALLEN STEELE CO.	
UNIT INDIVIDUAL	Individual			
	Driver LOGAN SMITH (608) 548-1338		Citations Issued 1	Sex MALE
	Address 1090 CYPRESS AVE FRIENDSHIP, WI 53934 , US		Date of Birth	Race WHITE
	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES			
01 001	Safety Equipment		On Duty Crash	
	Safety Equipment SHOULDER & LAP BELT			
	Row 01 - FRONT ROW	Seat Position 07 - LEFT		
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	Injury		Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED
Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED
Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #
Hospital		Date of Death		Time of Death
Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		
Distracted By Action NOT DISTRACTED				

6TL0BJ1GPC

24-02120

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Form containing sections: Non Motorist, Drug & Alcohol, Violations, Carrier, and Truck/Bus details. Includes fields for Striking Unit #, Location, Suspected Alcohol/Drug Use, and Vehicle/Carrier information.

Unit Summary


Unit Summary table with columns: Unit Status, Vehicle Operating As Classification, Unit Type, Vehicle Type, Total Occs, Train/Bus # Recorded, Total # Citations Issued, Total Trailers, Total HazMat Types, Insurance?, Direction Of Travel, Pre Crash Tire Mark, Speed Limit, Total Lanes, Most Harmful Event, Special Function, Emergency Motor Vehicle Use.

6TL0BJ1GPC

24-02120

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO		
Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade UPHILL		
Truck Bus or HazMat NO						
Vehicle						
02	02	License Plate Number ALV2035	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
		Vehicle Identification Number 4S4BTADC3N3222379	Make SUBARU	Year 2022	Model OUTBACK	
UNIT	VEHICLE	Color GRN - GREEN	Body Style 4D - 4DR	Bus Use		
		Initial Contact Point 13 - TOP	Vehicle Damage			
		Extent Of Damage MINOR DAMAGE	15 - ALL AREAS			
		Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR			
UNIT	VEHICLE	What Driver Was Doing GOING STRAIGHT	Vehicle Factors			
		Driver Prior Action Other	NOT APPLICABLE			
		Driver Actions NO CONTRIBUTING ACTION				
		Owner Name KRISTI VOELKER (920) 539-7802	Owner Address 326 10TH ST BARABOO, WI 53913 , US			
Sequence Of Events						
UNIT	01	Event STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY MOTOR VEHICLE				
		Event				
		Event				
		Event				
UNIT	04	Policy Holder				
		Insurance Company AMERICAN-FAMILY-INS-CO	Individual KRISTI VOELKER			
UNIT	INDIVIDUAL	Individual				
		Driver KRISTI VOELKER (920) 539-7802	Citations Issued 0	Sex FEMALE		
			Date of Birth	Race WHITE		
Address 326 10TH ST BARABOO, WI 53913 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES				
Safety Equipment		On Duty Crash				

Row

Seat Position

6TL0BJ1GPC

24-02120

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

02	002	Safety Equipment		
		01 - FRONT ROW	07 - LEFT	
		SHOULDER & LAP BELT		
		Helmet Use		
		Helmet Compliance		
		Eye Protection		
		Tint Compliance		
		Injury	Injury Severity	Airbag
			NO APPARENT INJURY	NON DEPLOYED
		Ejected	Ejection Path	Trapped/Extricated
		NOT EJECTED	NOT EJECTED/NOT APPLICABLE	NOT TRAPPED
		Medical Transport		EMS Agency Identifier
		NOT TRANSPORTED		EMS Run #
		Hospital		Date of Death
				Time of Death
Distracted By	Distracted By Source			
	NOT APPLICABLE (NOT DISTRACTED)			
Distracted By Action				
NOT DISTRACTED				
Non Motorist	Striking Unit #	Location		
Prior Action				
Action				
Action Other				
To/From School				
Drug & Alcohol	Suspected Alcohol Use			
	NO			
Suspected Drug Use		NO		
Alcohol Test Given		Alcohol Test Type		
TEST NOT GIVEN				
Alcohol Test Results				
Drug Test Given		Drug Test Type		
TEST NOT GIVEN				
Drug Test Results				
Drug Type				
Individual Condition				
NOT OBSERVED				


03	Unit Summary	
	Unit Status	Vehicle Operating As Classification
	IN TRANSIT	D CLASS
	Unit Type	AUTOMOBILE
	Vehicle Type	Operating As Endorsements
	PASSENGER CAR	
	Total Occs	Train/Bus # Recorded
1	0	
Total # Citations Issued	Total Trailers	
0	0	
Total HazMat Types	0	
Insurance?	Direction Of Travel	
YES	NORTHBOUND	
<input type="checkbox"/> Pre CrashTire Mark	Speed Limit	
	55	
Total Lanes	2	
Most Harmful Event: Collision With	Special Function	
STRUCK BY FALLING, SHIFTING CARGO OR ANYT	NO SPECIAL FUNCTION	
Emergency Motor Vehicle Use	NOT APPLICABLE	

6TL0BJ1GPC

24-02120

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO		
Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade UPHILL		
Truck Bus or HazMat NO						
Vehicle						
03	03	License Plate Number AVY6348	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
		Vehicle Identification Number KL4MMCSL7NB021643	Make BUICK	Year 2022	Model ENCORE	
UNIT	VEHICLE	Color BLU - BLUE	Body Style 4D - 4DR	Bus Use		
		Initial Contact Point 13 - TOP	Vehicle Damage			
		Extent Of Damage MINOR DAMAGE	15 - ALL AREAS			
		Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR			
UNIT	VEHICLE	What Driver Was Doing GOING STRAIGHT	Vehicle Factors			
		Driver Prior Action Other	NOT APPLICABLE			
		Driver Actions NO CONTRIBUTING ACTION				
		Owner Name MARY BRATLAND (608) 393-6040	Owner Address 610 9TH ST BARABOO, WI 53913 , US			
Sequence Of Events						
UNIT	01	Event STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY MOTOR VEHICLE				
		Event				
		Event				
		Event				
UNIT	04	Policy Holder				
		Insurance Company STATE-FARM-GENERAL-INS-CO	Individual MARY BRATLAND			
UNIT	INDIVIDUAL	Individual				
		Driver MARY BRATLAND (608) 393-6040	Citations Issued 0	Sex FEMALE		
		Address 610 9TH ST BARABOO, WI 53913 , US	Date of Birth	Race WHITE		
Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES						
Safety Equipment		On Duty Crash				

Row

Seat Position

6TL0BJ1GPC

24-02120

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

03	003	Safety Equipment		
		01 - FRONT ROW	07 - LEFT	
		SHOULDER & LAP BELT		
		Helmet Use		
		Helmet Compliance		
		Eye Protection		
		Tint Compliance		
		Injury	Injury Severity	Airbag
			NO APPARENT INJURY	NON DEPLOYED
		Ejected	Ejection Path	Trapped/Extricated
		NOT EJECTED	NOT EJECTED/NOT APPLICABLE	NOT TRAPPED
		Medical Transport		EMS Agency Identifier
		NOT TRANSPORTED		EMS Run #
		Hospital		Date of Death
				Time of Death
Distracted By	Distracted By Source			
	NOT APPLICABLE (NOT DISTRACTED)			
Distracted By Action				
NOT DISTRACTED				
Non Motorist	Striking Unit #	Location		
Prior Action				
Action				
Action Other				
To/From School				
Drug & Alcohol	Suspected Alcohol Use			
	NO			
Suspected Drug Use				
NO				
Alcohol Test Given	Alcohol Test Type	Alcohol Test Results		
TEST NOT GIVEN				
Drug Test Given	Drug Test Type	Drug Test Results		
TEST NOT GIVEN				
Drug Type				
Individual Condition				
NOT OBSERVED				