WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Overrid	le Primary Crash	Document #	ment # Agency Crash Number Investigating Officer/Deputy 24-04641 DEPUTY W. NEUBAUER							
ე ე	Crash Date 05/08/2024	Crash Time 01:40 PM			Date Arrived 05/08/2024 Total Units 01		Time Arrived 01:54 PM				
OI LUFBUUTS	Date Notified 05/08/2024						Total 00	Killed			
<u></u>	On Emergency	Hit and Run	it and Run Lane Clos		ure Work Zone		or Towed	Reporting Threshold			
	Government Property	Active S	chool Zone	School I	School Bus Related NO		Tags				
	✓ Reportable	Crash Type DT4000 (ST	Crash Type DT4000 (STANDARD CRASH)				ed	Secondary Crash			
	Description Diagram	-									
	сту к	NOT .	TO S	SC#	ALE		Photos By Additional				
ALLIANT ENERGY LIGHT POLE											
	✓ I, a sworn law enfo										
		HE DITCH, STRUCK A B						UNIT 1 LEFT THE ROADWAY IT OFF. THE TRAILER ROLLED			

Location

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Crash Time 01:40 PM

	0.28	LIME RIDGE RD/ CTH	(WB			Latitude 43.525073344		Longitud	de 1687235	
		ΓHIEMAN HILL RD HE TOWN OF REEDSI		X Coordinate			inate			
	IN SAUK COUNTY					254354.140625 4823615.5 Structure Type			5.5	
					o ii dotai	о туро				
(Cra	sh Scene								
	First	Harmful Event			First Ha	rmful Event	Location			
		ITY POLE			ROAD	SIDE				
		ner of Collision			Light Co					
			HICLE IN TRANSPORT			DAYLIGHT				
	Road	Surface Condition(s)			Roadwa	y Factor(s)				
	DRY	•								
	Envir	onment Factor(s)								
	NON	IE			NONE					
	West	ther Condition(s)								
	CLE	AK								
	Anim	al Type				To Trafficw	•			
						ICWAY - C				
		h Classification - Location					- Jurisdiction			
		LIC PROPERTY I Land					RISDICTION		Special Study	
	TTIDA	i Lanu				Access Control Special Study NO CONTROL				
	Withi	Vithin Interchange Area Junction Location Intersect				tion Type				
	NO		NON-JUNCTION	N	OT AN INTERS	ECTION				
	Unit	Summary ==								
		Status		Vehicle Operati	ing As Classificati	Classification Unit Type				
		IN TRANSIT			D CLASS TRUCK					
Ξ		cle Type				Operating As Endorsements				
0		LITY TRUCK/PICKUP 1	17	T-t-1			ailers Total HazMat Types			
	1 otal	Occs	Total # Citations Issued Total 1			0		iwat Types		
		ance?	Direction Of Travel		b Ti	Speed L	imit	Total Lane	es	
_	YES		WESTBOUND	Pre Cra ✓ Ma		55		2		
	Most	Harmful Event: Collision V	Special Functio	on		Emergency Motor Vehicle Use		icle Use		
\neg	UTIL	ITY POLE	NO SPECIAL	NO SPECIAL FUNCTION			NOT APPLICABLE			
	Traffic Way			Traffic Control				Traffic Control Inoperative/Missing		
	TWO-WAY, NOT DIVIDED			NO CONTRO				NO		
	Surface Type BLACKTOP (BITUMINOUS)			Road Curvature	STRAIGHT			Road Grade		
		Bus or HazMat)	STRAIGHT	STRAIGHT DOWNHILL					
	NO	C Dus of Flaziviat								
		/ehicle								
	ì	License Plate Number		Plate Type		St	Country of I	ssuance		
		HP8300	, ,	LTK - LIGHT TRUCK		UNITED STATES				
_		Vehicle Identification Num	Make FORD		Year	Model F150				
6	9	1FTRF14W85NB9428			2005					
		Color	Body Style							
		BRO - BROWN		PK - PICKUP						
_	LE	Initial Contact Point	Vehicle Dama	•				7 8 9 10 11		
L N D	IICL	00 - NON-COLLISION		01 - RIGHT FRONT CORNER, 02 - RIGH			SHT SIDE			
⊃	뉴	Extent Of Damage	I FRUNI, US	F, 03 - RIGHT SIDE MIDDLE, 04 - RIGHT SIDE 07 - LEFT REAR CORNER, 08 - LEFT SIDE RE 5 4 3 2 1						
	ш,	DISABI ING DAMAGE	:	REAR, 07 -		ORNER, 08	3 - LEFT SID	E RE	5 4 3 2 1	
	VEH	DISABLING DAMAGE	:	REAR, 07 -		ORNER, 08	3 - LEFT SID	ERE	5 4 3 2 1	

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		Towed Due To Damage			Vehicle Re	emoved By			_	
		TOWED DUE TO DISA	ABLING I	DAMAGE	STEVES	AUTO SERVI	CE			
		What Driver Was Doing			Vehicle Fa	ictors			_	
		GOING STRAIGHT								
	Driver Prior Action Other			NOT API	PLICABLE					
		Driver Actions								
	ш	RAN OFF ROADWAY								
╘	SLI									
	VEHICLE									
_	VE									
		Owner Name				r Address				
2	01	STEVEN HOLLOWAY (608) 415-2723				N WALNUT ST DSBURG, WI				
0	0	(000) 413-2123			112		, 55			
		0							_	
		Sequence Of Ever Event	its							
	01	RUN OFF ROADWAY	LEFT							
	02	Event DITCH								
	03	Event FENCE								
)								_	
	04	OTHER FIXED OBJECT	т							
⊢	l	Policy Holder								
LIND		Insurance Company				Individual				
		AMERICAN-FAMILY-INS-CO			STEVE	STEVEN HOLLOWAY				
		Trailer/Towed								
2			Plate Type TRL - TF			State WI		ntry of Issuance ITED STATES		
		Unit Type		Individual				ress	_	
╘	H	TRUCK	RUCK STEVEN J			/EN J HOLLOWAY 734 N WALNUT ST		734 N WALNUT ST		
LIND	TRAILER/	Vehicle Identification Number (608) 415-2723						EDSBURG, WI 53959 , US		
	F	53NBE2023C1006806							_	
	ı	Individual Control of the Control of								
	INDIVIDUAL	Driver				s Issued	Sex			
		STEVEN HOLLOWAY (608) 415-2723				0 MALE				
_		(444)			Date of	Date of Birth Race WHITE				
		Address			Driver L	Driver License Number				
ر ر	ND	734 N WALNUT ST REEDSBURG, WI 53959 , US			STATE	STATE: WISCONSIN COUNTRY: UNITED STATES				
	=				OIAIL					
					Cofoty F					
	On Duty Crash Safety Equipment					Safety Equipment				
		Row Seat Position			SHOU	SHOULDER & LAP BELT				
		01 - FRONT ROW Seat Position 07 - LEFT								
		Helmet Use			Helmet	Helmet Compliance			_	
		Helmet Use								
									_	
		Eye Protection			Tint Cor	mpliance				
_	14	Eye Protection	ry Severity	<i>y</i>	Tint Cor	mpliance				
01	001	Eye Protection Injury NC	APPAR	ENT INJURY	Airbag	npliance DEPLOYED				
01	001	Eye Protection	APPAR Ejec		Airbag NON D	EPLOYED		Trapped/Extricated NOT TRAPPED		

Form DT4000

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Crash Date 05/08/2024

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	Medical Transport NOT TRANSPORTED			EMS Agency Identifier		EMS Run #				
		Hospital			Date of Death		Time of Death			
		-	Distracted By Source)						
			NOT APPLICABL	E (NOT DISTRA	CTED)					
		Distracted By Action NOT DISTRACT								
		Non Motori	Striking Unit #	Location						
		Prior Action	·							
		Action								
	7									
⊨	INDIVIDUAL									
LNO	Σ									
_	N									
	_									
		Action Other						To/From School		
		Action Other						10/1101113011001		
	,	Drug & Alcoh	Suspected Alcohol U	se	Suspected Drug Use					
	L	Alcohol Test Giver		Alachal Tast Tyra	NO		Alcohol Test Results			
		TEST NOT GIVE		Alcohol Test Type	=		Alcohol Test Results			
		Drug Test Given		Drug Test Type		Drug Test Results	<u> </u>			
		TEŠT NOT GIV	EN							
2	001	Drug Type								
		Individual Condition								
	APPEARED NORMAL									
Property Owner										
01	Orga ALL	inization/Company			Address 4902 N BILTMORE					
유				MADISON, WI 53707 1077, US						
PROP OWNER								_		
	Fixe	ed Objects St	ruck							
	7	J -	Struck Object				Structure Number	Damage Tag Number		
	0	01	UTILITY POLE							