

6TL0C22Z0J

24-04896

# 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 <b>24-04896</b>	Investigating Officer/Deputy <b>DEPUTY A. WILCOX</b>	
Crash Date <b>05/15/2024</b>		Crash Time <b>10:40 AM</b>	Date Arrived <b>05/15/2024</b>	Time Arrived <b>01:14 PM</b>	
Date Notified <b>05/15/2024</b>		Time Notified <b>01:14 PM</b>	Total Units <b>02</b>	Total Injured <b>00</b>	Total Killed <b>00</b>
<input type="checkbox"/> On Emergency	<input checked="" 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 <b>NO</b>		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

## Description

Diagram  <p style="text-align: center;">Not to scale</p> <p style="text-align: center;">USH 12</p>	Reconstruction By
	Photos By
	Additional Information <b>NONE</b>

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

ON 05/15/2024, I WAS DISPATCHED TO USH 12 AND SAUK PRAIRIE ROAD IN THE TOWN OF PRAIRIE DU SAC FOR A TRAFFIC CRASH. I WAS INFORMED THE CRASH HAPPENED EARLIER IN THE MORNING, AND THE REPORTING PARTY WAS NO LONGER ON THE SCENE. I SPOKE WITH UNIT 1 OPERATOR, WHO STATED HE WAS TRAVELING W/B ON USH 12 WHEN A STEP STOOL FELL FROM UNIT 2, WHO WAS TRAVELING E/B ON USH 12. UNIT 1 OPERATOR STATED HE DID NOT KNOW THE TYPE OF VEHICLE UNIT 2 WAS AND THAT UNIT 2 CONTINUED TO TRAVELING E/B. UNIT 1 OPERATOR STATED THE STEP STOOL DAMAGED THE DRIVER-SIDE HEADLIGHT. UNIT 1 OPERATOR WAS ABLE TO DRIVE FROM THE SCENE.

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## Location

ON SAUK PRAIRIE RD 12 FT E OF USH12 WB IN THE TOWN OF PRAIRIE DU SAC IN SAUK COUNTY	Latitude <b>43.281753225</b>	Longitude <b>-89.759002998</b>
	X Coordinate <b>276143.15625</b>	Y Coordinate <b>4795800.5</b>
	Structure Type <b>NO STRUCTURE</b>	

## Crash Scene

First Harmful Event <b>STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTIO</b>		First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>OTHER</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>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>	

## Unit Summary

<b>UNIT</b>	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>UNKNOWN</b>	Direction Of Travel <b>WESTBOUND</b>	<input type="checkbox"/> <b>Pre CrashTire Mark</b>	Speed Limit <b>55</b>	Total Lanes <b>2</b>	
	Most Harmful Event: Collision With <b>STRUCK BY FALLING, SHIFTING CARGO OR ANYT</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>STRAIGHT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>					

<b>UNIT</b>	<b>Vehicle</b>						
	<b>01</b>	License Plate Number <b>TG2894</b>		Plate Type <b>LTK - LIGHT TRUCK</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
		Vehicle Identification Number <b>1FT8W2BT7NEC84483</b>		Make <b>FORD</b>	Year <b>2022</b>	Model <b>F250</b>	
		Color <b>WHI - WHITE</b>		Body Style <b>PK - PICKUP</b>		Bus Use	
		Initial Contact Point <b>11 - LEFT FRONT CORNER</b>		Vehicle Damage <b>11 - LEFT FRONT CORNER</b>			
<b>VEHICLE</b>	Extent Of Damage <b>MINOR DAMAGE</b>						



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UNIT VEHICLE	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>	
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>NO CONTRIBUTING ACTION</b>			
01 01	Owner Name <b>ARTHUR LORENTZEN (608) 547-9989</b>		Owner Address <b>N1930 COUNTY RD N LYNDON STATION, WI 53944 , US</b>	
	<b>Sequence Of Events</b>			
01 02 03 04	Event <b>STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY MOTOR VEHICLE</b>			
	Event			
	Event			
	Event			
UNIT INDIVIDUAL	Driver <b>ARTHUR LORENTZEN (608) 547-9989</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
	Address <b>N1930 COUNTY RD N LYNDON STATION, WI 53944 , US</b>		Date of Birth	Race <b>WHITE</b>
	On Duty Crash		Safety Equipment	
	Driver License Number		<b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
01 001	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	<b>SHOULDER &amp; LAP BELT</b>	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	<b>Injury</b>	Injury Severity <b>NO APPARENT 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>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #
	Hospital		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		

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UNIT	INDIVIDUAL	Prior Action	
		Action	
		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 NOT GIVEN</b>	
		Alcohol Test Type	
		Alcohol Test Results	
01	001	Drug Test Given <b>TEST NOT GIVEN</b>	
		Drug Test Type	
		Drug Test Results	
		Drug Type	
		Individual Condition <b>NOT OBSERVED</b>	

**Unit Summary**

UNIT	02	Unit Status <b>HIT AND RUN</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>			
		Vehicle Type <b>PASSENGER CAR</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>UNKNOWN</b>		Direction Of Travel <b>EASTBOUND</b>		Speed Limit <b>55</b>	
		Total Lanes <b>2</b>		Most Harmful Event: Collision With <b>CARGO/EQUIPMENT LOSS OR SHIFT</b>		Special Function <b>UNKNOWN</b>		Emergency Motor Vehicle Use <b>UNKNOWN</b>	
		Traffic Way <b>UNKNOWN</b>		Traffic Control <b>UNKNOWN</b>		Traffic Control Inoperative/Missing <b>UNKNOWN</b>		Surface Type <b>UNKNOWN</b>	
		Road Grade <b>UNKNOWN</b>		Truck Bus or HazMat <b>NO</b>					

**Vehicle**

UNIT	VEHICLE	02	02	License Plate Number		Plate Type	St	Country of Issuance		
				Vehicle Identification Number		Make	Year	Model		
				Color		Body Style		Bus Use		
				Initial Contact Point <b>99 - UNKNOWN</b>		Vehicle Damage				
				Extent Of Damage <b>VEHICLE NOT AT SCENE</b>		<b>16 - VEHICLE NOT AT SCENE</b>				
				Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>				
				What Driver Was Doing <b>UNKNOWN</b>						

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UNIT VEHICLE	Vehicle Factors		
	Driver Prior Action Other	UNKNOWN	
	Driver Actions UNKNOWN		
02	Owner Name	Owner Address , ,	
	<b>Sequence Of Events</b>		
01 02 03 04	Event	CARGO/EQUIPMENT LOSS OR SHIFT	
	Event		
	Event		
	Event		
UNIT INDIVIDUAL	<b>Individual</b>		
	Driver	Citations Issued 0	
	Sex	Race	
Address	Driver License Number		
02 002	<b>Safety Equipment</b>		
	On Duty Crash	Safety Equipment	
	Row 99 - UNKNOWN	Seat Position	NONE USED - VEHICLE OCCUPANT
	Helmet Use	Helmet Compliance	
	Eye Protection	Tint Compliance	
	<b>Injury</b>	Injury Severity NO APPARENT INJURY	Airbag NOT APPLICABLE
	Ejected NOT APPLICABLE	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT APPLICABLE
Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #	
Hospital	Date of Death	Time of Death	
<b>Distracted By</b>		Distracted By Source	
Distracted By Action			
<b>Non Motorist</b>		Striking Unit #	
Location			
Prior Action			

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<b>UNIT</b>	<b>INDIVIDUAL</b>	Action			
		Action Other		To/From School	
		<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use	Suspected Drug Use	
			Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type	Alcohol Test Results
		Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results	
		Drug Type			
		Individual Condition <b>NOT OBSERVED</b>			