

6TL0BJ1GPF
24-04727

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 24-04727	Investigating Officer/Deputy DEPUTY J. MACASKILL	
Crash Date 05/10/2024		Crash Time 04:15 PM	Date Arrived 05/10/2024	Time Arrived 04:27 PM	
Date Notified 05/10/2024		Time Notified 04:17 PM	Total Units 02	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

Diagram <p style="text-align: center;">State highway 33</p> <p style="text-align: center;">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 5/10/24 AT APPROXIMATELY 1615 UNIT 1 WAS DRIVING WESTBOUND ON STH 33 NEAR DEMASKIE RD AND UNIT 2 WAS DRIVING EASTBOUND ON STH 33 NEAR DEMASKIE RD. AS UNIT 2 PASSED UNIT 1, AN OBJECT FELL OFF OF UNIT 1 AND STRUCK THE FRONT END OF UNIT 2. THE OBJECT STUCK INTO THE FRONT END OF UNIT 2. THE OBJECT WAS DISCOVERED TO BE A CONCRETE SCOOP.

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Location

ON STH33 EB 998 FT W OF DEMASKIE RD IN THE TOWN OF LA VALLE IN SAUK COUNTY	Latitude 43.616636186	Longitude -90.14331028
	X Coordinate 246364.578125	Y Coordinate 4834097
	Structure Type	

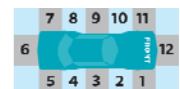
Crash Scene

First Harmful Event CARGO/EQUIPMENT LOSS OR SHIFT		First Harmful Event Location ON ROADWAY	
Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT		Light Condition DAYLIGHT	
Road Surface Condition(s) DRY		Roadway Factor(s) NONE	
Environment Factor(s) NONE			
Weather Condition(s) CLEAR			
Animal Type		Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY		Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land		Access Control NO CONTROL	Special Study
Within Interchange Area NO	Junction Location NON-JUNCTION	Intersection Type NOT AN INTERSECTION	

Unit Summary

UNIT 01	Unit Status IN TRANSIT		Vehicle Operating As Classification A CLASS		Unit Type TRUCK	
	Vehicle Type STRAIGHT TRUCK (INSERT TRUCK)				Operating As Endorsements	
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 1	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 55	Total Lanes 2	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat TRUCK OR TRUCK COMBINATION > 10,000LBS GVWR/GCWR					

UNIT 01 VEHICLE	Vehicle				
	License Plate Number FH8314		Plate Type APO - APPORTIONED	St IA	Country of Issuance UNITED STATES
	Vehicle Identification Number 5DG8AC5G5E0001044		Make ADVA	Year 2014	Model CONCRETE
	Color RED - RED		Body Style CM - CONCRETE MIXER		Bus Use
	Initial Contact Point 00 - NON-COLLISION		Vehicle Damage 00 - NO DAMAGE		
Extent Of Damage NO DAMAGE					



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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions OTHER CONTRIBUTING ACTION			
01	Owner Name CROELL CONCRETE (608) 489-4499		Owner Address 2010 KENWOOD AVE NEW HAMPTON, IA 50659 , US	
	Sequence Of Events			
01	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company OLD-REPUBLIC-INS-CO		Organization/Company CROELL CONCRETE	
UNIT INDIVIDUAL	Individual			
	Driver TODD OLSON (608) 487-1760		Citations Issued 1	Sex MALE
	Address 23215 KEATS RD WILTON, WI 54670 , US		Date of Birth	Race WHITE
	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES			
01	Safety Equipment		On Duty Crash	
	Row 01 - FRONT ROW		Seat Position 07 - LEFT	
	Safety Equipment SHOULDER & LAP BELT		Helmet Compliance	
	Helmet Use		Tint Compliance	
	Eye Protection		Airbag NON DEPLOYED	
	Injury		Injury Severity NO APPARENT INJURY	
001	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				

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UNIT	INDIVIDUAL	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 TEST NOT GIVEN		Alcohol Test Type		Alcohol Test Results	
	Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results	
	Drug Type					
	Individual Condition NOT OBSERVED					
	01	001	Violations			
UTC Number BD755088			Issue To? 001	Statute Number 348.10(2)	Description FAIL TO PROPERLY CONSTRUCT AND LOAD VEHICLE	
UNIT	TRUCK	Carrier				
		<input checked="" type="checkbox"/> Use Vehicle Owner Same as Carrier		Source VEHICLE-SIDE		
	Name CROELL CONCRETE USDOT# 203490		Address 2010 KENWOOD AVE NEW HAMPTON, IA 50659 , US			
	GVWR MORE THAN 26,000 LB		Vehicle Configuration TRUCK MORE THAN 10,000 LBS, CAN NOT CLASSIFY		Cargo Body Type CONCRETE MIXER	
	US DOT # 203490		Carrier Type INTERSTATE CARRIER		Permitted Load NOT APPLICABLE	
	<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 Summary

UNIT	02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE		
		Vehicle Type PASSENGER CAR				Operating As Endorsements		
UNIT	02	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0		
		Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	Total Lanes 2		
		Most Harmful Event: Collision With CARGO/EQUIPMENT LOSS OR SHIFT			Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	

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Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
Truck Bus or HazMat NO					
Vehicle					
02	02	License Plate Number ALX7405	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 3FMCR9B62MRA83327	Make FORD	Year 2021	Model BRONCO SPO
UNIT	VEHICLE	Color GRY - GRAY	Body Style UT - SPORT UTILITY VEHICLE	Bus Use	
		Initial Contact Point 12 - FRONT	Vehicle Damage 12 - FRONT		
UNIT	VEHICLE	Extent Of Damage FUNCTIONAL DAMAGE			
		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		
02	02	Driver Actions NO CONTRIBUTING ACTION			
		Owner Name GRADY DEDRICK (715) 302-4804	Owner Address 209 W LAFOLLETTE ST PARDEEVILLE, WI 53954 , US		
Sequence Of Events					
UNIT	01	Event CARGO/EQUIPMENT LOSS OR SHIFT			
		Event			
		Event			
		Event			
UNIT	04	Policy Holder			
		Insurance Company STATE-FARM-GENERAL-INS-CO	Individual GRADY DEDRICK		
UNIT	INDIVIDUAL	Individual			
		Driver GRADY DEDRICK (715) 302-4804	Citations Issued 0	Sex FEMALE	
			Date of Birth	Race WHITE	
Address 209 W LAFOLLETTE ST PARDEEVILLE, WI 53954 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES			
Safety Equipment		On Duty Crash			

Row

Seat Position

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02	002	Safety Equipment	
		01 - FRONT ROW	07 - LEFT
		SHOULDER & LAP BELT	
		Helmet Use	
		Helmet Compliance	
		Eye Protection	
		Tint Compliance	
		Injury	Injury Severity
		NO APPARENT INJURY	
		Airbag	
		NON DEPLOYED	
		Ejected	Ejection Path
		NOT EJECTED	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			
Non Motorist	Striking Unit #		
Location			
Prior Action			
Action			
UNIT	INDIVIDUAL	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	
APPEARED NORMAL			