

6TL0D5DZ3C

25-02011

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 25-02011		Investigating Officer/Deputy DEPUTY J. HUNTER	
Crash Date 03/04/2025		Crash Time 03:00 PM		Date Arrived 03/04/2025		Time Arrived 03:16 PM	
Date Notified 03/04/2025		Time Notified 03:00 PM		Total Units 02		Total Injured 01	Total Killed 00
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input checked="" type="checkbox"/> Lane Closure	<input type="checkbox"/> Work Zone	<input 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

<p>Diagram</p>	Reconstruction By
	Photos By DEPUTY HUNTER, OFC ZIEMKE
	Additional Information PHOTOS

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

UNIT 1 WAS ATTEMPTING TO LEAVE A PARKING LOT TO TRAVEL E/B ON HY 14. THIS REQUIRED UNIT 1 TO CROSS THE W/B LANE AND ENTER THE E/B LANE. OPERATOR OF UNIT 1 OBSERVED TRAFFIC COMING FROM BOTH DIRECTIONS. OPERATOR OBSERVED UNIT 2 TRAVELING W/B. OPERATOR ACCELERATED, THEN BRAKED, NO LONGER BELIEVING HE COULD MAKE IT ACROSS TRAFFIC. HE STATED HE THEN REALIZED HE WAS PARTIALLY IN THE ROADWAY SO HE RAPIDLY ACCELERATED TO AVOID SITTING PARTIALLY IN THE ROADWAY. UNIT 1 ENTERED THE ROADWAY, AND WAS TURNED ALMOST ENTIRELY E/B, BUT WAS STILL IN THE W/B TRAVEL LANE. UNIT 2 OBSERVED UNIT 1, AND OPERATOR OF UNIT 2 STATED HE DID NOT HAVE ANY TIME TO STOP OR AVOID A COLLISION. UNIT 2 STRUCK UNIT 1 TRAVELING AT OR NEAR THE POSTED 45 MPH SPEED LIMIT. BOTH VEHICLES WERE TOWED FROM THE SCENE. OPERATOR OF UNIT 1 WAS TRANSPORTED BY EMS. OPERATOR OF UNIT 2 LEFT WITH THE TOW DRIVER.

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Location

ON USH14 EB 87 FT E OF STH23 SB IN THE TOWN OF SPRING GREEN IN SAUK COUNTY	Latitude 43.187470365	Longitude -90.066497201
	X Coordinate 250808.40625	Y Coordinate 4786199.5
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 02 - FRONT TO FRONT		Light Condition DAYLIGHT	
Road Surface Condition(s) WET		Roadway Factor(s) NONE	
Environment Factor(s) NONE			
Weather Condition(s) CLOUDY, RAIN			
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	
Closure Type CLOSURE-ONE DIRECTION		Reasons for Closure	
Date Initial Lane/Rd Closed 03/05/2025	Time Initial Lane/Rd Closed 03:00 PM	LAW ENFORCEMENT, FIRE/EMS	
Date All Lanes Open 03/05/2025	Time All Lanes Open 03:30 PM	Date Scene Cleared 03/05/2025	Time Scene Cleared 04:06 PM

Unit Summary

UNIT 01	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR				Operating As Endorsements	
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 2	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 45	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 NO					
	Vehicle					
	01	License Plate Number AGD2709		Plate Type AUT	St WI	Country of Issuance UNITED STATES
Vehicle Identification Number 4T1BF1FK1FU888180		Make TOYO	Year 2015	Model CAMRY		

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UNIT	VEHICLE	Color BLU - BLUE	Body Style SD - SEDAN	Bus Use
		Initial Contact Point 12 - FRONT	Vehicle Damage	
		Extent Of Damage DISABLING DAMAGE	01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE, 09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT C	
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By	
		What Driver Was Doing ENTERING TRAFFIC LANE	Vehicle Factors	
UNIT	VEHICLE	Driver Prior Action Other	NOT APPLICABLE	
		Driver Actions FAILED TO YIELD RIGHT-OF-WAY, WRONG SIDE OR WRONG WAY, OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER		
		Owner Name THOMAS LAUDIN (608) 608-5742 EXT. 353	Owner Address 5830 BLUE RIDGE RD BARNEVELD, WI 53507 , US	
		Sequence Of Events		
		Event MOTOR VEH IN TRANSPORT		
UNIT	VEHICLE	Event		
		Event		
		Event		
		Event		
		Policy Holder		
UNIT	VEHICLE	Insurance Company ERIE-INS-CO	INDIVIDUAL THOMAS LAUDIN	
		Individual		
		DRIVER THOMAS JOHN LAUDIN (608) 608-5742 EXT. 353	Citations Issued 2	Sex MALE
			Date of Birth	Race WHITE
		Address 5830 BLUE RIDGE RD BARNEVELD, WI 53507 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
UNIT	VEHICLE	Safety Equipment		
		On Duty Crash	Safety Equipment	
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT
		Helmet Use	Helmet Compliance	
		Eye Protection	Tint Compliance	
UNIT	VEHICLE	Injury		
		Injury Severity SUSPECTED SERIOUS INJUR	Airbag DEPLOYED-COMBINATION	
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated TRAPPED/EXTRICATED
		Medical Transport EMS GROUND	EMS Agency Identifier 6000554	EMS Run #

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UNIT INDIVIDUAL	Hospital SAUK PRAIRIE HOSP		Date of Death		Time of Death	
	Distracted By		Distracted By Source UNKNOWN			
	Distracted By Action UNKNOWN					
	Non Motorist		Striking Unit #		Location	
	Prior Action					
	Action					
	Action Other					
	To/From School					
	Drug & Alcohol		Suspected Alcohol Use YES		Suspected Drug Use YES	
	Alcohol Test Given TEST GIVEN		Alcohol Test Type BLOOD		Alcohol Test Results PENDING	
Drug Test Given TEST GIVEN		Drug Test Type BLOOD		Drug Test Results PENDING		
Drug Type						
Individual Condition UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ ALCOHOL						
Violations						
01	001	UTC Number BG110352	Issue To? 001	Statute Number 346.63(1)(a)	Description OPERATING WHILE UNDER THE INFLUENCE	
02	001	UTC Number BG110353	Issue To? 001	Statute Number 346.06	Description FAILURE TO YIELD RIGHT OF WAY	

Unit Summary

UNIT 02	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 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 45	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					

Vehicle

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UNIT 02	VEHICLE 02	License Plate Number RB33764	Plate Type HTK	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 1NPSL00X29D773810	Make PETE	Year 2009	Model 365
		Color BLK - BLACK	Body Style ST - STAKE TRUCK	Bus Use	
		Initial Contact Point 01 - RIGHT FRONT CORNER	Vehicle Damage 01 - RIGHT FRONT CORNER		
		Extent Of Damage DISABLING DAMAGE			
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By		
UNIT 02	VEHICLE 02	What Driver Was Doing GOING STRAIGHT	Vehicle Factors		
		Driver Prior Action Other	NOT APPLICABLE		
		Driver Actions NO CONTRIBUTING ACTION			
		Owner Name EAGLE CORNERS TRUCKING LLC (608) 604-4844		Owner Address 32951 COUNTY HWY E MUSCODA, WI 53573 , US	
		Sequence Of Events			
		Event MOTOR VEH IN TRANSPORT			
UNIT 04	01	Event			
		Event			
		Event			
		Event			
UNIT 04	02	Policy Holder			
		Insurance Company ARTISAN-AND-TRUCKERS-CASUALTY-CO	INDIVIDUAL ROBERT PERSINGER		
		Individual			
UNIT 04	03	DRIVER ROBERT PERSINGER (608) 604-4844	Citations Issued 0	Sex MALE	
			Date of Birth	Race WHITE	
		Address 32951 COUNTY HWY E MUSCODA, WI 53573 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
UNIT 04	04	On Duty Crash		Safety Equipment	
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT	
		Helmet Use		Helmet Compliance	
UNIT 04	05	Eye Protection		Tint Compliance	
		Injury NO APPARENT INJURY		Airbag NON DEPLOYED	

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UNIT INDIVIDUAL	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					
	Non Motorist		Striking Unit #		Location	
	Prior Action					
	Action					
	Action Other					To/From School
	Drug & Alcohol		Suspected Alcohol Use NO		Suspected Drug Use NO	
02 002	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 APPEARED NORMAL					
	Carrier					
	<input checked="" type="checkbox"/> Use Vehicle Owner Same as Carrier			Source DRIVER		
	Name EAGLE CORNERS TRUCKING LLC USDOT# 4044358			Address 32951 COUNTY HWY E MUSCODA, WI 53573 , US		
	GVWR MORE THAN 26,000 LB		Vehicle Configuration SINGLE UNIT TRUCK (3 OR MORE AXLES)		Cargo Body Type GRAIN/CHIPS/GRAVEL	
	US DOT # 4044358		Carrier Type INTRASTATE 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						