

6TL0D7W17W

25-07360

# 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>25-07360</b>		Investigating Officer/Deputy <b>DEPUTY K. MUELLER</b>	
Crash Date <b>07/15/2025</b>		Crash Time <b>02:17 PM</b>		Date Arrived <b>07/15/2025</b>		Time Arrived <b>02:24 PM</b>	
Date Notified <b>07/15/2025</b>		Time Notified <b>02:17 PM</b>		Total Units <b>02</b>		Total Injured <b>01</b>	Total Killed <b>00</b>
<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 checked="" 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

<p>Diagram</p>	Reconstruction By
	Photos By <b>KMUELLER</b>
	Additional Information <b>PHOTOS</b>

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

UNIT 1 WAS DRIVING WEST ON COUNTY RD B AND CROSSED THE CENTER LINE STRIKING UNIT TWO. THERE WERE NOTICEABLE MARKS IN THE ROAD IN THE EASTBOUND LANE WHERE THE COLLISION HAPPENED. THE DRIVER OF UNIT 1 DID NOT KNOW WHAT HAPPENED AND WHY HE CROSSED IN TO EASTBOUND TRAFFIC IS UNKNOWN.

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## Location

ON CTHB 0.43 MI W OF HAUSNER RD IN THE TOWN OF TROY IN SAUK COUNTY	Latitude <b>43.25248035</b>	Longitude <b>-89.88612656</b>
	X Coordinate <b>265715.875</b>	Y Coordinate <b>4792898</b>
	Structure Type <b>NO STRUCTURE</b>	

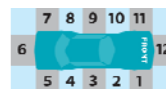
## Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>		First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>06 - SIDESWIPE/OPPOSITE DIRECTION</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

UNIT 01	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>3</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>NO</b>	Direction Of Travel <b>WESTBOUND</b>	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit <b>55</b>	Total Lanes <b>2</b>	
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</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>HILLCREST</b>	
	Truck Bus or HazMat <b>NO</b>					

UNIT 01 VEHICLE 01	<b>Vehicle</b>				
	License Plate Number <b>UB5196</b>		Plate Type <b>LTK</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>1FTFW1EF5EFA96384</b>		Make <b>FORD</b>	Year <b>2014</b>	Model <b>F150</b>
	Color <b>BLK - BLACK</b>		Body Style <b>PK - PICKUP</b>		Bus Use
	Initial Contact Point <b>11 - LEFT FRONT CORNER</b>		Vehicle Damage <b>15 - ALL AREAS</b>		
Extent Of Damage <b>DISABLING DAMAGE</b>					



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UNIT VEHICLE	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>EVERETTS TOWING</b>	
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>FAILURE TO CONTROL, WRONG SIDE OR WRONG WAY, FAILED TO KEEP IN DESIGNATED LANE</b>			
01	01	Owner Name <b>JEFFREY SCHELL (608) 393-3997</b>		Owner Address <b>S11661A FOX RD SAUK CITY, WI 53583 , US</b>
<b>Sequence Of Events</b>				
01	01	Event <b>MOTOR VEH IN TRANSPORT</b>		
02	02	Event		
03	03	Event		
04	04	Event		
UNIT INDIVIDUAL	<b>Individual</b>			
	DRIVER <b>JEFFREY SCHELL (608) 393-3997</b>		Citations Issued <b>3</b>	Sex <b>MALE</b>
	Address <b>S11661A FOX RD SAUK CITY, WI 53583 , US</b>		Date of Birth	Race <b>WHITE</b>
	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
01	001	<b>Safety Equipment</b>		On Duty Crash
		Safety Equipment		
		Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	<b>RESTRAINT USE UNKNOWN</b>
		Helmet Use		Helmet Compliance
		Eye Protection		Tint Compliance
		<b>Injury</b>	Injury Severity <b>SUSPECTED MINOR INJURY</b>	Airbag <b>DEPLOYED-FRONT</b>
		Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>
		Medical Transport <b>EMS GROUND</b>		EMS Agency Identifier <b>6000555</b>
		Hospital <b>SAUK PRAIRIE HOSP</b>		EMS Run #
		Date of Death		Time of Death
<b>Distracted By</b>		Distracted By Source <b>UNKNOWN</b>		
Distracted By Action <b>UNKNOWN</b>				
<b>Non Motorist</b>		Striking Unit #	Location	

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UNIT	INDIVIDUAL	Prior Action				
		Action				
		Action Other			To/From School	
	01	001	<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
			Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type	Drug Test Results
			Drug Type			
			Individual Condition <b>CONFUSED OR DISORIENTED (NON LUCID)</b>			
			<b>Violations</b>			
	01	02	UTC Number <b>BG111595</b>	Issue To? <b>001</b>	Statute Number <b>343.44(1)(b)</b>	Description <b>OPERATING WHILE REVOKED (FORFEITURE)</b>
UTC Number <b>BG111596</b>			Issue To? <b>001</b>	Statute Number <b>346.05(1)</b>	Description <b>OPERATING LEFT OF CENTER</b>	
UTC Number <b>BG111597</b>			Issue To? <b>001</b>	Statute Number <b>344.62(1)</b>	Description <b>OPERATE MOTOR VEHICLE W/O INSURANCE</b>	

## Unit Summary

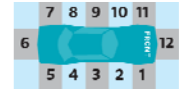
UNIT	02	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>C CLASS</b>		Unit Type <b>TRUCK</b>		
		Vehicle Type <b>AGCMV (AG COMMERCIAL MOTOR VEHICLE)</b>				Operating As Endorsements		
		Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>		
		Insurance? <b>YES</b>	Direction Of Travel <b>WESTBOUND</b>	<input checked="" type="checkbox"/> <b>Pre CrashTire Mark</b>	Speed Limit <b>55</b>	Total Lanes <b>2</b>		
		Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</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>HILLCREST</b>		
		Truck Bus or HazMat <b>TRUCK OR TRUCK COMBINATION &gt; 10,000LBS GVWR/GCWR</b>						
		02	02	<b>Vehicle</b>				
				License Plate Number		Plate Type	St	Country of Issuance
Vehicle Identification Number <b>1HTXYSBT59J112331</b>				Make <b>INTL</b>	Year <b>2009</b>	Model <b>INTERNATIO</b>		
Color <b>RED - RED</b>				Body Style <b>CB - CAB CHASSIS</b>		Bus Use		

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UNIT	VEHICLE	Initial Contact Point <b>11 - LEFT FRONT CORNER</b>		Vehicle Damage <b>01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT, 14 -</b>		
		Extent Of Damage <b>DISABLING DAMAGE</b>				
		Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By		
		What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors		
		Driver Prior Action Other		<b>NOT APPLICABLE</b>		
UNIT	VEHICLE	Driver Actions <b>NO CONTRIBUTING ACTION</b>				
02	02	Owner Name <b>KARL HAUSNER FARMS (608) 544-2303</b>		Owner Address <b>E7296 COUNTY ROAD B SPRING GREEN, WI 53588 , US</b>		
		<b>Sequence Of Events</b>				
UNIT	01	Event <b>MOTOR VEH IN TRANSPORT</b>				
		Event				
		Event				
		Event				
UNIT	02	<b>Policy Holder</b>				
		Insurance Company <b>SECURA-INS-CO</b>		ORGANIZATION/COMPANY <b>KARL HAUSNER FARMS</b>		
UNIT	INDIVIDUAL	<b>Individual</b>				
		DRIVER <b>SERGIY ARTEMCHUK (608) 408-6909</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>	
		Date of Birth		Race <b>WHITE</b>		
		Address <b>7230 INAMA RD SAUK CITY, WI 53583 , US</b>		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
02	002	<b>Safety Equipment</b>		On Duty Crash		Safety Equipment
		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	



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UNIT	INDIVIDUAL	<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		
		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
		Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type		Drug Test Results
02	002	Drug Type				
		Individual Condition <b>APPEARED NORMAL</b>				
		<b>Carrier</b>				
		<input checked="" type="checkbox"/> Use Vehicle Owner Same as Carrier		Source <b>DRIVER</b>		
		Name <b>KARL HAUSNER FARMS</b>		Address <b>E7296 COUNTY ROAD B SPRING GREEN, WI 53588 , US</b>		
		GVWR <b>MORE THAN 26,000 LB</b>		Vehicle Configuration <b>SINGLE-UNIT TRUCK (2-AXLE AND GVWR MORE THA</b>		Cargo Body Type <b>GRAIN/CHIPS/GRAVEL</b>
		US DOT #		Carrier Type <b>NOT IN COMMERCE/GOVERNMENT</b>		Permitted Load <b>NOT APPLICABLE</b>
		<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	TRUCK BUS					