WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 07/31/2025 Date Notified 07/31/2025 On Emergency Governme Property Reportable Description Diagram CTH G	Crash Type	Lane Clo School Zone FANDARD CRAS	School Bus NO	Work Zone	12:5 Tota 00	Amended		Reporting Threshold Threshold Threshold Crass
O7/31/2025 On Emergency Governme Property Reportable Description Diagram	12:40 PM Hit and Run Crash Type DT4000 (ST	Lane Clo	O2 School Bus NO		OO Tags	Trailer of	00 r Towed	Reporting Threshold Threshold Threshold Crass
Governme Property Reportable Pescription Diagram	nt Crash Type DT4000 (ST	School Zone	School Bus NO		Tags	Amended	deconstruction	Second Crasi
Reportable escription	Crash Type DT4000 (S1		NO	Related		Amended	deconstruction	n By
Description Diagram	DT4000 (S1	O1	SH)	01		F	deconstruction	n By
Diagram	Not to scale	01		01		F	rhotos By	
*	Not to scale	01		01		F	rhotos By	
СТН G		01		01		A	dditional Info	ormation
		01	 					
		*estanta (Pillio)	<u> </u>					
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Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data.

1 of 7

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

Lo	ocation =											
0	N CTHG NB			Latitude			Longitud	yitude				
0.	39 MI S					43.43296	3625		-90.15255255			
0	F SUGAR MAPLE R	D				X Coordin	oto		Y Coord	linoto		
	I THE TOWN OF WA	SHIN	GTON									
IN	I SAUK COUNTY					244844.984375 4813725						
						Structure Type NO STRUCTURE						
Cr	rash Scene											
Fii	rst Harmful Event					First Harm	nful Event L	ocation				
М	OTOR VEH IN TRAN	ISPOI	RT			ON ROADWAY						
Mi	anner of Collision				Light Condition							
	7 - SIDESWIPE/SAM	E DIR	ECTION			DAYLIG						
	oad Surface Condition(s)					Roadway						
	. ,	,				rtoaaway	1 40(01(0)					
D	RY											
Er	nvironment Factor(s)											
l _N	ONE					NONE						
''	ONE					NONE						
W	eather Condition(s)					1						
C	LEAR											
_	nimal Tun -					D	"					
Ar	nimal Type				Relation To Trafficway					BOAD		
L					TRAFFICWAY - ON							
1 -	rash Classification - Loca	ation			Crash Classification							
	UBLIC PROPERTY						NO SPECIAL JURISDICTION					
Tr	ibal Land					Access Co				Special Study		
						NO CON	ITROL					
W	ithin Interchange Area		lunction Location		Intersection							
N		١	NON-JUNCTION		NOT AN	INTERSE	CTION					
Ur	nit Summary											
	nit Status			Vehicle Ope	erating As C	lassification	1	Unit Type				
Ur				Vehicle Ope	-	lassification	l	Unit Type TRUCK				
Ur IN	nit Status			-	-	lassification	1		s Endorser	ments		
Ur IN	nit Status I TRANSIT	NSER'	T TRUCK)	-	-	lassification	1	TRUCK	s Endorser	ments		
Ur IN Ve S	nit Status I TRANSIT ehicle Type	NSER'	T TRUCK) Train/Bus # Recorded	D CLASS	-		Total Trail	TRUCK Operating As		ments Mat Types		
Ur IN Ve S	nit Status I TRANSIT ehicle Type TRAIGHT TRUCK (IN	NSER'		D CLASS				TRUCK Operating As				
Ur IN V S T C 1	nit Status I TRANSIT ehicle Type TRAIGHT TRUCK (IN	NSER'		Total # Cita	tions Issued		Total Trail	TRUCK Operating As	Total Haz	Mat Types		
Ur IN Ve S	nit Status I TRANSIT ehicle Type TRAIGHT TRUCK (IN otal Occs	NSER'	Train/Bus # Recorded	Total # Cita			Total Trail	TRUCK Operating As	Total Haz	Mat Types		
Ur IN Ve S	nit Status I TRANSIT ehicle Type TRAIGHT TRUCK (IN otal Occs surance?		Train/Bus # Recorded Direction Of Travel NORTHBOUND	Total # Cita	crashTire		Total Trail 0 Speed Lin	TRUCK Operating As ers nit Emergency I	Total Haz 0 Total Lane 2 Motor Vehi	Mat Types es		
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Wisconsin Motor Vehicle Crash Form DT4000

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

		Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR						
		What Driver Was Doing		Vehicle Factors						
		GOING STRAIGHT Driver Prior Action Other		NOT APPLICABLE						
		Driver Prior Action Other		NOT ALL LIOADE	_					
		Driver Actions FAILED TO KEEP IN DES	IGNATED LANE	-						
ı	VEHICLE	PAILED TO KEEP IN DES	IGNATED LANE							
L L	Ĭ									
	>									
		Owner Name		Owner Address						
	2	TOWN & COUNTRY SANI (608) 375-5856	ITATION INC	104 N PARK ST PO BOX 7						
				BOSCOBEL,	BOSCOBEL, WI 53805 , US					
	:	Sequence Of Events								
	2	CROSS CENTERLINE								
	05	Event MOTOR VEH IN TRANSP	ORT							
	03	Event								
	40	Event								
		Daliay Haldar								
L		Policy Holder Insurance Company		ORGANIZATION/0	COMPANY					
5		ACE-AMERICAN-INS-CO			TRY SANITATION II	NC				
	- 1	Individual								
		DRIVER ZACKERY SCHMITZ		Citations Issued 0	Sex MALE					
	¥	(608) 739-1357		Date of Birth	Race					
LIND	₫	Address		WHITE Driver License Number						
5	NDIVIDUAL	1900 E NEBRASKA ST#								
	=	MUSCODA, WI 53573 , U	15	STATE: WISCONSIN COUNTRY: UNITED STATES						
		On Duty	/ Crash	Safety Equipment						
	Sat	fety Equipment								
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	NONE USED - VEHICLE OCCUPANT						
		Helmet Use		Helmet Compliance						
		Eye Protection		Tint Compliance						
2	Ξ	Injury S		Airbag	Airbag					
0	9		PARENT INJURY	NON DEPLOYE	D	Transad/Futriantad				
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT A	PPLICABLE		Trapped/Extricated NOT TRAPPED				
		Medical Transport		EMS Agency Ident	ifier	EMS Run #				
		NOT TRANSPORTED Hospital		Date of Death		Time of Death				
		Ποοριιαι		Date of Death		Time of Death				
		Distracted By NOT A	ed By Source IPPLICABLE (NOT DIST	RACTED)						
		Distracted By Action NOT DISTRACTED								
I		L								

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		Non Motorist	Striking U	Jnit #	Location								
		Prior Action											
TIND	INDIVIDUAL	Action											
		Action Other										To/From School	
		Action Other											
	L	Drug & Alcohol	NO NO	d Alcohol Us	se	NO NO	cted Drug Use						
		Alcohol Test Given TEST NOT GIVEN			Alcohol Test Ty	/pe				Alcohol Test	Results		
	Drug Test Given TEST NOT GIVEN Drug Test Type					Э		Drug Tes	st Results	3			
۶	Drug Type												
		Individual Condition											
		APPEARED NOR	MAL										
	(Carrier					I Source						
		✓ Use V	ehicle O	wner Sam	e as Carrier		VEHICLE-SIE	DE					
٩	TOWN & COUNTRY SANITATION INC USDOT# 495587						Address 104 N PARK PO BOX 7 BOSCOBEL,		5 , US				
L	BUS	GVWR 10,001-26,000 LBS	 S	Vehicle Co	nfiguration UNIT TRUCK	(3 OR MC	ORE AXLES)			o Body Type RBAGE/REFUSE			
LIND		US DOT # 495587		Carrier Typ			,		Perm	mitted Load T APPLICABLE			
	TRUCK	OS/OW Load	WI Permit	Number		rmitted Vermitted	ehicle On I Route	Esco		icle Required Escort Vehicle Present			
		Measured Height		Measur	ed Length						eight		
'	Uni	t Summary •					'						
	Unit	Status RANSIT				Vehicle O	perating As Class	sification		Unit Type TRUCK			
05	Vehi	cle Type		OUED)		A OLAO	<u> </u>			Operating A	s Endorsem	nents	
	Tota	ICK TRACTOR (SE		n/Bus # Rec	corded		tations Issued		otal Traile	ers	Total HazN	Mat Types	
	1 Insu	rance?	Dire	ection Of Tra	vel	0	e CrashTire	1 S	peed Lim	nit	0 Total Lane	es .	
LINO	YES	;		RTHBOUN	ND		Mark		5		2		
5		t Harmful Event: Collision				NO SPE	CIAL FUNCTION	ON		NOT APPL	ICABLE		
		ic Way D-WAY, NOT DIVID	ED			Traffic Co				Traffic Contr	ol Inoperati	ve/Missing	
		ace Type ACKTOP (BITUMING	OUS)			Road Curvature STRAIGHT				Road Grade			
1						<u> </u>				<u> </u>			

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ı	Truck Rus or HarMat												
	Truck Bus or HazMat TRUCK OR TRUCK COMBINATION > 10,000LBS GVWR/GCWR												
		Vehicle			,								
		License Plate Number			F	Plate Type		St		Country of Issuance UNITED STATES			
		3433320				APO		IN	i				
	05	Vehicle Identification Nur 3AKJHHDR4JSJW73				Make		Yea 201		Model			
	0	Color	5/9		FRHT Body Style		201	•	Bus Use				
		WHI - WHITE			C - TRAC	TOR			Du3 030				
	щ	Initial Contact Point			\	/ehicle Dam	age			I	7 9 0 10 11		
L	VEHICL	02 - RIGHT SIDE FRO	ONT			7 8 9 10 11					6 3 9 10 11		
5	ᇤ	Extent Of Damage			'	02 - RIGHT SIDE FRONT							
	>	MINOR DAMAGE			\	Vehicle Removed By							
	Towed Due To Damage Vehicle Removed By NOT TOWED OPERATOR												
	What Driver Was Doing Vehicle Factors												
		OVERTAKE LEFT			_								
		Driver Prior Action Other			P	NOT APPL	ICABLE						
		Driver Actions											
	NO CONTRIBUTING ACTION												
╘	VEHICLE												
LIND	Ξ												
	7												
	Owner Name Owner Address												
PIGGY BACK LEASING INC Author Address 411 BLAINE ST GARY, IN 46406 , US													
	;	Sequence Of Eve	nts										
	2	Event CARGO/EQUIPMENT	T LOSS OF	R SHI	FT								
		Event											
	02	MOTOR VEH IN TRA	NSPORT										
	~	Event											
	03												
	4	Event											
I≡		Policy Holder				1							
LIND		Insurance Company HUDSON-INS-CO				ORGANIZATION/COMPANY PIGGY BACK LEASING INC							
		Trailer/Towed				FIGGT BACK LEAGING INC							
2		Trailer Plate #	Plate Type		Make		State		Cour	ntry of Issuance			
ő		397099ST	STL		HYTR		IL			TED STATES			
١. ا	2	Unit Type			ANIZATION/COMP				Addr	ress			
LNN		SEMI TRAILER		PIG	GY BACK LEASI	NG INC				BLAINE ST RY, IN 46406 , US			
5	TRAILER/	Vehicle Identification Nur 3H3V532CXAT26202								,			
 	-												
		Individual DRIVER				Citations	ssued	Sex					
	_1	JAWAD AL ZUBAIDI				0		MALE					
	IDUAL	(919) 433-7675				Date of Bi	rth	Race					
╘	₫												

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. —	_												
5	INDIV	Address 10821 S KEATING OAK LAWN, IL 604		2NW			License Number E: ILLINOIS CC	OUNTRY: UNITED	O STATES				
	Sat	fety Equipment	On Duty Cr	rash		Safety Equipment							
		Row Seat Position 01 - FRONT ROW 07 - LEFT					SHOULDER & LAP BELT						
		Helmet Use					t Compliance						
		Eye Protection				Tint Co	ompliance						
05	005	In it can	Injury Seve	-		Airbag							
0													
	Ejected Ejection Path NOT EJECTED NOT EJECTED/NOT APPLICABL						E		Trapped/Extricated NOT TRAPPED				
Medical Transport EMS Agency Identifier EMS Run # NOT TRANSPORTED							EMS Run #						
	Hospital Date of D						f Death		Time of Death				
		Distracted Bu	Distracted	By Source	•								
		Distracted By Distracted By Action	NOT APP	PLICABL	E (NOT DISTRA	CTED)							
		NOT DISTRACTED											
		Non Motorist	Striking Un	it #	Location								
		Prior Action											
 	Action												
LIND	INDIVIDUAL												
		Action Other								To/From School			
	,	Drug & Alcohol	Suspected NO	Alcohol U	lse	Suspe NO	cted Drug Use						
		Alcohol Test Given			Alcohol Test Type			1	Alcohol Test Results				
		TEST NOT GIVEN							Alcohol Test Results				
		Drug Test Given TEST NOT GIVEN			Drug Test Type	Drug Test Results							
05	005	Drug Type											
İ		Individual Condition											
		APPEARED NORM	MAL										
	(Carrier											
		✓ Use V	ehicle Ow	ner San	ne as Carrier		Source VEHICLE-SID	E					
02	05	PIGGY BACK USDOT# 12849		G INC			Address 411 BLAINE S GARY, IN 464						
										07/04/0007			

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data.

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WISCONSIN MOTOR VEHICLE CRASH REPORT

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

E	BUS	GVWR MORE THAN 26,000 LB	Vehicle Configura	ition FOR/SEMI-TRAILI	ER		Cargo Body Type VAN/ENCLOSED B	зох
L	CK	US DOT # 128493	Carrier Type INTERSTATE	CARRIER			Permitted Load NOT APPLICABLE	<u> </u>
	TRU	OS/OW Load WI Permit	Permitted Ve			Vehicle Required By Permit	Escort Vehicle Present	
		Measured Height Measured Leng		gth Measured Width			Measured Weig	ht

Wisconsin Motor Vehicle Crash Form DT4000

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