

6TL0BFKD8X
18-12252

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 18-12252		Investigating Officer/Deputy DEPUTY H. LARKIN	
Crash Date 11/03/2018		Crash Time 07:10 PM		Date Arrived 11/03/2018		Time Arrived 07:29 PM	
Date Notified 11/03/2018		Time Notified 07:11 PM		Total Units 03		Total Injured 01	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

<p>Diagram</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.

UNIT 1 WAS TRAVELING SB ON STH 23 WHEN IT TURNED EB ONTO STH 33. UNIT 1 WAS CARRYING A FULL SIZE RIDING LAWN MOWER IN THE BED OF THE PICKUP TRUCK. WHILE MAKING THE LEFT TURN, THE MOWER FELL OUT OF THE BED OF THE TRUCK, LANDING IN THE LANE OF TRAFFIC. UNIT 2 WAS TRAVELING WB ON STH 33 WHEN IT STRUCK THE LAWN MOWER. UNIT 3 WAS TRAVELING EB ON STH 33 WHEN IT ALSO STRUCK THE LAWN MOWER.

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Location

ON STH33 EB 385 FT E OF COUNTY LAND FILL LN IN THE TOWN OF EXCELSIOR IN SAUK COUNTY	Latitude 43.531990474	Longitude -89.890324931
	X Coordinate 266451.8125	Y Coordinate 4823953.5
	Structure Type	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision NO COLLISION W/VEHICLE IN TRANSPORT	Light Condition DARK/UNLIT	
Road Surface Condition(s) WET	Roadway Factor(s) DEBRIS PRIOR ACC	
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 INTERSECTION	Intersection Type FOUR-WAY INTERSECTION

Unit Summary

UNIT	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS		Unit Type TRUCK	
	Vehicle Type UTILITY TRUCK/PICKUP TRUCK	Operating As Endorsements			
	Total Occs 1	Train/Bus # Injured	Total # Citations Issued 1	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel SOUTHBOUND	<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	
	Traffic Way TWO-WAY, NOT DIVIDED	Traffic Control STOP SIGN		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)	Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO				

UNIT	VEHICLE	Vehicle			
		License Plate Number HY9349	Plate Type LTK - LIGHT TRUCK	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 1N6DD26S32C302049	Make NISSAN	Year 2002	Model FRONTIER
		Color RED - RED	Body Style PK - PICKUP		Bus Use NOT A BUS
		Initial Contact Point NON-COLLISION	Vehicle Damage		
		Extent Of Damage NO DAMAGE	NO DAMAGE		

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UNIT	VEHICLE	Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR	
		What Driver Was Doing LEFT TURN	Vehicle Factors	
		Driver Prior Action Other	NOT APPLICABLE	
		Driver Actions NO CONTRIBUTING ACTION		
01	01	Driver Distractions NOT DISTRACTED		
		Owner Name MICHAEL J LUSSENDEN (608) 850-4612	Owner Address 108 KENSINGTON LN WAUNAKEE, WI 53597 , US	
Sequence Of Events				
UNIT	INDIVIDUAL	01	Event CARGO/EQUIPMENT LOSS OR SHIFT	
		02	Event	
		03	Event	
		04	Event	
Policy Holder				
UNIT	INDIVIDUAL	Insurance Company AUTO-CLUB-INS-ASSOC	Individual MICHAEL LUSSENDEN	
		Driver MICHAEL J LUSSENDEN (608) 850-4612	Citations Issued 1	Sex MALE
UNIT	INDIVIDUAL	Date of Birth [REDACTED]	Race WHITE	
		Address 108 KENSINGTON LN WAUNAKEE, WI 53597 , US	Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES	
01	001	Equipment	On Duty Crash	Safety Equipment SHOULDER & LAP BELT
		Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		
		Helmet Use		Helmet Compliance
		Eye Protection		Tint Compliance
		Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABL	Trapped/Extricated NOT TRAPPED

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UNIT	INDIVIDUAL	Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #	
		Hospital	Date of Death	Time of Death	
	Non Motorist	Striking Unit #	Prior Action	Location	To/From School
	Action				
	Action Other				
	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 APPEARED NORMAL				
01	001	Violations			
		UTC Number AE139319	Issue To? 001	Statute Number 348.10(2)	Seq Num 001

Unit Summary

UNIT	02	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 # Injured	Total # Citations Issued 0	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 CARGO/EQUIPMENT LOSS OR SHIFT	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				
		02	02	License Plate Number 170VNM	Plate Type AUT - AUTOMOBILE	St WI
		Vehicle Identification Number 1FMCU03GX9KA30761	Make FORD	Year 2009	Model ESCAPE XLT	
		Color BLK - BLACK	Body Style UT - SPORT UTILITY VEHICLE	Bus Use NOT A BUS		

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UNIT	VEHICLE	Initial Contact Point 12--FRONT	Vehicle Damage		
		Extent Of Damage DISABLING DAMAGE	10--LEFT SIDE FRONT, 11--LEFT FRONT CORNER, 12--FRONT		
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By STEVES AUTO SERVICE		
		What Driver Was Doing GOING STRAIGHT	Vehicle Factors		
		Driver Prior Action Other	NOT APPLICABLE		
UNIT	VEHICLE	Driver Actions NO CONTRIBUTING ACTION			
		Driver Distractions NOT DISTRACTED			
		Owner Name SHAWN RENEE BLISS (608) 415-5136	Owner Address 2701 E MAIN ST # 7 REEDSBURG, WI 53959 , US		
02	02	Sequence Of Events			
		01	Event MOTOR VEH IN TRANSPORT		
		02	Event		
		03	Event		
		04	Event		
UNIT	INDIVIDUAL	Policy Holder			
		Insurance Company AMERICAN-FAMILY-INS-CO	Individual SHAWN BLISS		
UNIT	INDIVIDUAL	Driver SHAWN RENEE BLISS (608) 415-5136	Citations Issued 0	Sex FEMALE	
		Address 2701 E MAIN ST # 7 REEDSBURG, WI 53959 , US	Date of Birth [REDACTED]	Race WHITE	
			Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES		
		Equipment	On Duty Crash	Safety Equipment	
		Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY	SHOULDER & LAP BELT		
Helmet Use	Helmet Compliance				
Eye Protection	Tint Compliance				

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UNIT	INDIVIDUAL	02	002	Injury	Injury Severity SUSPECTED MINOR INJURY	Airbag NON DEPLOYED				
		Ejected NOT EJECTED				Ejection Path NOT EJECTED/NOT APPLICABL		Trapped/Extricated NOT TRAPPED		
		Medical Transport NOT TRANSPORTED				EMS Agency Identifier		EMS Run #		
		Hospital				Date of Death		Time of Death		
		Non Motorist		Striking Unit #	Prior Action		Location		To/From School	
		Action								
		Action Other								
		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		
02	002	Drug Type								
Individual Condition APPEARED NORMAL										

Unit Summary

UNIT	03	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 # Injured		Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0		
		Insurance? YES	Direction Of Travel EASTBOUND		<input type="checkbox"/> Pre CrashTire 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		
		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

03	03	License Plate Number AAA3474		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
		Vehicle Identification Number 2CTALWEC6B6442670		Make GENERAL MOTORS COR	Year 2011	Model TERRAIN SL	
		Color WHI - WHITE		Body Style UT - SPORT UTILITY VEHICLE		Bus Use NOT A BUS	

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UNIT	VEHICLE	Initial Contact Point 12--FRONT	Vehicle Damage	
		Extent Of Damage DISABLING DAMAGE	10--LEFT SIDE FRONT, 11--LEFT FRONT CORNER, 12--FRONT	
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By CRAIGS TOWING	
		What Driver Was Doing GOING STRAIGHT	Vehicle Factors	
		Driver Prior Action Other	NOT APPLICABLE	
UNIT	VEHICLE	Driver Actions NO CONTRIBUTING ACTION		
		Driver Distractions NOT DISTRACTED		
		Owner Name JAMMIE LYNN ROLOFF (608) 383-6307	Owner Address S7559 US HIGHWAY 12 NORTH FREEDOM, WI 53951 , US	
03	03	Sequence Of Events		
		01	Event MOTOR VEH IN TRANSPORT	
		02	Event	
		03	Event	
UNIT	04	Event		
		Policy Holder		
UNIT	INDIVIDUAL	Insurance Company PROGRESSIVE-CASUALTY-INS-CO	Individual JAMMIE ROLOFF	
		Driver JAMMIE LYNN ROLOFF (608) 383-6307	Citations Issued 0	Sex FEMALE
		Address S7559 US HIGHWAY 12 NORTH FREEDOM, WI 53951 , US	Date of Birth [REDACTED]	Race WHITE
			Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES	
		Equipment	On Duty Crash	Safety Equipment SHOULDER & LAP BELT
Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY	Helmet Compliance			
Helmet Use	Tint Compliance			
Eye Protection				

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03	003	Injury		Injury Severity NO APPARENT INJURY		Airbag DEPLOYED-FRONT				
		Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABL			Trapped/Extricated NOT TRAPPED			
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier			EMS Run #			
		Hospital		Date of Death			Time of Death			
		Non Motorist		Striking Unit #	Prior Action		Location		To/From School	
		Action								
		Action Other								
		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			
03	003	Drug Type								
		Individual Condition APPEARED NORMAL								