

1XL051TJP4
SP24-01144

WISCONSIN MOTOR VEHICLE
CRASH REPORT

SAUK PRAIRIE POLICE DEPARTMENT
640 13TH ST
PRAIRIE DU SAC, WI 53578
(608) 643-2427

1XL051TJP4

Document Number Override		Primary Crash Document #		Agency Crash Number		Investigating Officer/Deputy OFFICER T. MOSLEY	
Crash Date 06/24/2024		Crash Time 07:50 PM		Date Arrived 06/24/2024		Time Arrived 07:55 PM	
Date Notified 06/24/2024		Time Notified 07:52 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	Reconstruction By
<p>Highway 78 @ Milwaukee Valve Driveway Access Prairie Du Sac WI, 53578 6/24/2024 @ 1950HRS Officer T.Mosley #61 **NOT TO SCALE</p>	Photos By T MOSLEY 61
	Additional Information PHOTOS, WITNESS STATEMENTS, SURVEILLANCE VIDEO

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

UNIT 1 AND 2 WERE BOTH TRAVELING SOUTH BOUND ON HIGHWAY 78 ENTERING INTO THE VILLAGE OF PRAIRIE DU SAC. UNIT 1 ATTEMPTED TO TURN OFF OF HIGHWAY 78 INTO THE MILWAUKEE VALVE DRIVEWAY. UNIT 2 STATED SHE APPLIED BRAKE PRESSURE AND BEGAN SLIDING, RESULTING IN COLLIDING WITH UNIT 1. DRIVER'S OF BOTH UNITS STATED DRIVER OF UNIT 2 WAS NOT FOLLOWING TOO CLOSE TO UNIT 1.

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Location

ON STH78 SB 131 FT S OF EAGLE VIEW CT IN THE VILLAGE OF PRAIRIE DU SAC IN SAUK COUNTY	Latitude 43.299194677	Longitude -89.731638801
	X Coordinate 278426.875	Y Coordinate 4797664.5
	Structure Type NO STRUCTURE	

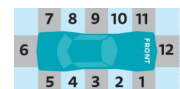
Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 01 - ANGLE		Light Condition DUSK	
Road Surface Condition(s) WET		Roadway Factor(s) NONE	
Environment Factor(s) WEATHER CONDITIONS			
Weather Condition(s) 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 DRIVEWAY ACCESS-RELATED	Intersection Type NOT AN INTERSECTION	

Unit Summary

UNIT	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type (SPORT) UTILITY VEHICLE				Operating As Endorsements	
	Total Occs 4	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel SOUTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 35	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 CURVE LEFT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

UNIT	Vehicle						
	01	License Plate Number APW7193		Plate Type AUT	St WI	Country of Issuance UNITED STATES	
		Vehicle Identification Number 5TDJZRFH4KS611760		Make TOYT	Year 2019	Model HIGHLANDER	
		Color GRY - GRAY		Body Style UT - SPORT UTILITY VEHICLE		Bus Use	
	VEHICLE	Initial Contact Point 11 - LEFT FRONT CORNER		Vehicle Damage			
Extent Of Damage MINOR DAMAGE		11 - LEFT FRONT CORNER					



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UNIT VEHICLE	Towed Due To Damage NOT TOWED	Vehicle Removed By		
	What Driver Was Doing GOING STRAIGHT	Vehicle Factors		
	Driver Prior Action Other	NOT APPLICABLE		
	Driver Actions FAILURE TO CONTROL, OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER			
01	01	Owner Name NOAH S DONALDSON (608) 370-1212	Owner Address 2024 NIGHTHAWK LN SAUK CITY, WI 53583 , US	
Sequence Of Events				
01	01	Event MOTOR VEH IN TRANSPORT		
02	02	Event		
03	03	Event		
04	04	Event		
UNIT	Policy Holder			
	Insurance Company PROGRESSIVE-UNIVERSAL-INSURANCE-COMP	INDIVIDUAL ASHLEY DONALDSON		
UNIT INDIVIDUAL	Individual			
	DRIVER ASHLEY LYN DONALDSON (608) 370-1212	Citations Issued 0	Sex FEMALE	
	Date of Birth [REDACTED]	Race WHITE		
Address 2024 NIGHTHAWK LN SAUK CITY, WI 53583 , US		[REDACTED] er STATE: WISCONSIN COUNTRY: UNITED STATES		
01	001	Safety Equipment		
		On Duty Crash	Safety Equipment SHOULDER & LAP BELT	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT		
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
01	001	Injury		
		Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED	
	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		
Distracted By Action UNKNOWN				

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UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location		
		Prior Action					
		Action					
01	001	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 APPEARED NORMAL					
		Individual					
		PASSENGER ALIA DONALDSON (608) 370-1212			Citations Issued 0	Sex FEMALE	
		Address 2024 NIGHTHAWK LN SAUK CITY, WI 53583 , US			Date of Birth [REDACTED]	Race WHITE	
		Driver License Number					
01	002	Safety Equipment		On Duty Crash		Safety Equipment	
		Row 01 - FRONT ROW		Seat Position 09 - RIGHT		SHOULDER & LAP BELT	
		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 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					
Distracted By Action							
Non Motorist		Striking Unit #		Location			

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UNIT	INDIVIDUAL	Prior Action	
		Action	
		Action Other	To/From School
01	002	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			
UNIT	INDIVIDUAL	Individual	
		PASSENGER RAEANA DONALDSON (608) 370-1212	Citations Issued 0
			Sex FEMALE
			Date of Birth [REDACTED]
			Race WHITE
		Address 2024 NIGHTHAWK LN SAUK CITY, WI 53583 , US	Driver License Number
01	003	Safety Equipment	
		On Duty Crash	Safety Equipment
		Row 02 - SECOND ROW	Seat Position 07 - LEFT
		SHOULDER & LAP BELT	
		Helmet Use	Helmet Compliance
		Eye Protection	Tint Compliance
01	003	Injury	
		Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE
		Trapped/Extricated NOT TRAPPED	
		Medical Transport NOT TRANSPORTED	EMS Agency Identifier
		Hospital	EMS Run #
Date of Death			
Time of Death			
Distracted By	Distracted By Source		
	Distracted By Action		
Non Motorist	Striking Unit #	Location	
	Prior Action		

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UNIT INDIVIDUAL	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 APPEARED NORMAL			
	Individual			
	PASSENGER MILO DONALDSON (608) 370-1212	Citations Issued 0	Sex MALE	
		Date of Birth [REDACTED]	Race WHITE	
Address 2024 NIGHTHAWK LN SAUK CITY, WI 53583 , US		Driver License Number		
UNIT INDIVIDUAL	Safety Equipment	On Duty Crash	Safety Equipment	
	Row 02 - SECOND ROW	Seat Position 09 - RIGHT	SHOULDER & LAP BELT	
	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 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		
	Distracted By Action			
Non Motorist	Striking Unit #	Location		
Prior Action				

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UNIT	INDIVIDUAL	Action	
		Action Other	
01	004	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	

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 SOUTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 35	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 CURVE LEFT		Road Grade LEVEL		
		Truck Bus or HazMat NO						

Vehicle

UNIT	VEHICLE	02	02	License Plate Number AUD6029	Plate Type AUT	St WI	Country of Issuance UNITED STATES
				Vehicle Identification Number 3VWB17AJ9EM397912	Make VOLK	Year 2014	Model JETTA
		Color BLK - BLACK	Body Style SD - SEDAN		Bus Use		
		Initial Contact Point 03 - RIGHT SIDE MIDDLE	Vehicle Damage 03 - RIGHT SIDE MIDDLE				
		Extent Of Damage FUNCTIONAL DAMAGE					
		Towed Due To Damage NOT TOWED	Vehicle Removed By				
		What Driver Was Doing LEAVING TRAVEL LANE	Vehicle Factors NOT APPLICABLE				
		Driver Prior Action Other					

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UNIT	VEHICLE	Driver Actions NO CONTRIBUTING ACTION	
		Owner Name DAVID ANDREW PFANKU (608) 463-2843	Owner Address 1011 MADISON ST SAUK CITY, WI 53583 , US
UNIT	02	Sequence Of Events	
		01	Event MOTOR VEH IN TRANSPORT
		02	Event
		03	Event
UNIT	04	Policy Holder	
		Insurance Company PROGRESSIVE-UNIVERSAL-INSURANCE-COMP	INDIVIDUAL DAVID PFANKU
UNIT	INDIVIDUAL	Individual	
		DRIVER DAVID ANDREW PFANKU (608) 463-2843	Citations Issued 0 Sex MALE
		Date of Birth [REDACTED]	Race WHITE
UNIT	005	Address 1011 MADISON ST SAUK CITY, WI 53583 , US	ber STATE: WISCONSIN COUNTRY: UNITED STATES
		Safety Equipment	
UNIT	02	On Duty Crash	Safety Equipment
		Row 01 - FRONT ROW	Seat Position 07 - LEFT
		SHOULDER & LAP BELT	
		Helmet Use	Helmet Compliance
		Eye Protection	Tint Compliance
		Injury	Injury Severity NO APPARENT INJURY
UNIT	005	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE
		Trapped/Extricated NOT TRAPPED	
		Medical Transport NOT TRANSPORTED	EMS Agency Identifier
UNIT	005	Hospital	Date of Death
		Time of Death	
UNIT	005	Distracted By	
		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)	
UNIT	005	Distracted By Action NOT DISTRACTED	
		Non Motorist	
UNIT	005	Striking Unit #	Location
		Prior Action	

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UNIT	INDIVIDUAL	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 APPEARED NORMAL					
		02	005				

Witness

WITN 01 ESS	Individual CHRISTOPHER A MILLER (608) 434-6229	Address S3425 CTY RD A BARABOO, WI 53913 , US	Date of Birth [REDACTED]