

1XL051TJP6
SP24-01161

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

1XL051TJP6

Document Number Override		Primary Crash Document #		Agency Crash Number		Investigating Officer/Deputy OFFICER T. PYFFEROEN	
Crash Date 06/27/2024		Crash Time 01:01 PM		Date Arrived 06/27/2024		Time Arrived 01:07 PM	
Date Notified 06/27/2024		Time Notified 01:01 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
		Photos By OFFICER B. BRENNAN
		Additional Information PHOTOS

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

UNIT 2 WAS STOPPED AT A RED LIGHT WESTBOUND ON PHILLIPS BLVD AT THE INTERSECTION OF MADISON ST. UNIT 1 WAS DRIVING WESTBOUND ON PHILLIPS BLVD. UNIT 1 ADVISED THEY OBSERVED UNIT 2 STOPPED, BUT PRESSED THE GAS PEDAL INSTEAD OF THE BRAKE PEDAL. THIS RESULTED IN UNIT 1 CRASHING INTO THE REAR END OF UNIT 2.

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Location

ON USH12 WB 43 FT E OF MADISON ST IN THE VILLAGE OF SAUK CITY IN SAUK COUNTY	Latitude 43.271154834	Longitude -89.725440929
	X Coordinate 278828	Y Coordinate 4794534
	Structure Type NO STRUCTURE	

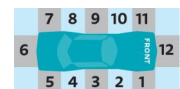
Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 03 - FRONT TO REAR		Light Condition DAYLIGHT	
Road Surface Condition(s) DRY		Roadway Factor(s) NONE	
Environment Factor(s) NONE			
Weather Condition(s) CLEAR			
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

01 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 3	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 30	Total Lanes 4	
	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 TRAFFIC SIGNAL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

01 UNIT VEHICLE	Vehicle					
	License Plate Number VF1937		Plate Type LTK	St WI	Country of Issuance UNITED STATES	
	Vehicle Identification Number 1C6SRFJT1MN655116		Make RAM	Year 2021	Model 1500	
	Color GRN - GREEN		Body Style PK - PICKUP		Bus Use	
	Initial Contact Point 12 - FRONT		Vehicle Damage 01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT			
Extent Of Damage FUNCTIONAL DAMAGE						



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UNIT	VEHICLE	Towed Due To Damage NOT TOWED	Vehicle Removed By OWNER	
		What Driver Was Doing GOING STRAIGHT	Vehicle Factors NOT APPLICABLE	
01	02	Driver Prior Action Other		
		Driver Actions NO CONTRIBUTING ACTION		
		Owner Name JOSEPH M KNEELAND (608) 393-5180	Owner Address 604 MIDWAY DR REEDSBURG, WI 53959 , US	
Sequence Of Events				
UNIT	VEHICLE	01	Event MOTOR VEH IN TRANSPORT	
		02	Event	
		03	Event	
		04	Event	
Policy Holder				
UNIT	INDIVIDUAL	Insurance Company WEST-BEND-MUTUAL-INS-CO	INDIVIDUAL JOSEPH KNEELAND	
		Individual		
UNIT	INDIVIDUAL	DRIVER JOSEPH M KNEELAND (608) 393-5180	Citations Issued 0	Sex MALE
			Date of Birth [REDACTED]	Race WHITE
		Address 604 MIDWAY DR REEDSBURG, WI 53959 , US	[REDACTED] er STATE: WISCONSIN COUNTRY: UNITED STATES	
UNIT	INDIVIDUAL	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	
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 NOT APPLICABLE (NOT DISTRACTED)	
		Distracted By Action NOT DISTRACTED		

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UNIT INDIVIDUAL	Non Motorist		Striking Unit #	Location		
	Prior Action					
	Action					
	Action Other					To/From School
01 001	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 PATRICIA LYNN KNEELAND			Citations Issued 0	Sex FEMALE	
				Date of Birth [REDACTED]	Race WHITE	
	Address 604 MIDWAY DR REEDSBURG, WI 53959 , US			er STATE: WISCONSIN COUNTRY: UNITED STATES		
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 LAYLA KNEELAND (608) 393-5180	Citations Issued 0
			Sex FEMALE
		Date of Birth [REDACTED]	Race WHITE
		Address 604 MIDWAY DR REEDSBURG, WI 53959 , 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	
	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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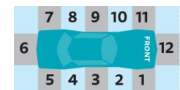
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UNIT	INDIVIDUAL	Action					
		Action Other			To/From School		
		Drug & Alcohol		Suspected Alcohol Use NO	Suspected Drug Use NO		
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type		Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results	
		Drug Type					
		Individual Condition APPEARED NORMAL					
		01	003				

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 2		Train/Bus # Recorded		Total # Citations Issued 0		Total Trailers 0	
		Insurance? YES		Direction Of Travel WESTBOUND		<input type="checkbox"/> Pre Crash Tire Mark		Speed Limit 30	
		Total HazMat Types 0		Total Lanes 4		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 TRAFFIC SIGNAL			
		Traffic Control Inoperative/Missing NO				Surface Type BLACKTOP (BITUMINOUS)			
		Road Curvature STRAIGHT				Road Grade LEVEL			
		Truck Bus or HazMat NO							

UNIT	VEHICLE	02	01	Vehicle					
				License Plate Number PJDPHL		Plate Type AUT	St IA	Country of Issuance UNITED STATES	
				Vehicle Identification Number 5N1AZ2MH1JN165173		Make NISS	Year 2018	Model MURANO	
				Color BLK - BLACK		Body Style 4D - 4DR		Bus Use	
				Initial Contact Point 06 - REAR		Vehicle Damage 05 - RIGHT REAR CORNER, 06 - REAR, 07 - LEFT REAR CORNER			
				Extent Of Damage FUNCTIONAL DAMAGE					
				Towed Due To Damage NOT TOWED		Vehicle Removed By OWNER			
				What Driver Was Doing STOP IN TRAFFIC					



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UNIT VEHICLE	Vehicle Factors		
	Driver Prior Action Other	NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION		
02 01	Owner Name PAUL HENRY LEWELLAN (563) 940-6381	Owner Address 4130 NORTHWEST BLVD UNIT 6 DAVENPORT, IA 52806 , US	
	Sequence Of Events		
01 02 03 04	Event MOTOR VEH IN TRANSPORT		
	Event		
	Event		
	Event		
UNIT	Policy Holder		
	Insurance Company NUTMEG-INSURANCE-COMPANY	INDIVIDUAL PAUL LEWELLAN	
UNIT INDIVIDUAL	Individual		
	DRIVER PAUL HENRY LEWELLAN (563) 940-6381	Citations Issued 0 Sex MALE	
		Date of Birth [REDACTED] Race WHITE	
	Address 4130 NORTHWEST BLVD UNIT 6 DAVENPORT, IA 52806 , US	Number [REDACTED] STATE: IOWA COUNTRY: UNITED STATES	
02 004	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	
	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 NOT APPLICABLE (NOT DISTRACTED)		
	Distracted By Action NOT DISTRACTED		
Non Motorist	Striking Unit #	Location	

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UNIT	INDIVIDUAL	Prior Action	
		Action	
02	004	Action Other	
		To/From School	
02	004	Drug & Alcohol	Suspected Alcohol Use NO
			Suspected Drug Use NO
02	004	Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type
			Alcohol Test Results
02	004	Drug Test Given TEST NOT GIVEN	Drug Test Type
			Drug Test Results
02	004	Drug Type	
		Individual Condition APPEARED NORMAL	
UNIT	INDIVIDUAL	Individual	
		PASSENGER PAMELA JO DRUGER	Citations Issued 0
UNIT	INDIVIDUAL		Sex FEMALE
			Race WHITE
UNIT	INDIVIDUAL	Address 4130 NORTHWEST BLVD UNIT 52 DAVENPORT, IA 52806 , US	Number STATE: IOWA COUNTRY: UNITED STATES
		Safety Equipment	
02	005	On Duty Crash	Safety Equipment
			SHOULDER & LAP BELT
02	005	Row 01 - FRONT ROW	Seat Position 09 - RIGHT
		Helmet Use	Helmet Compliance
02	005	Eye Protection	Tint Compliance
		Injury	Injury Severity NO APPARENT INJURY
02	005		Airbag NON DEPLOYED
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE
02	005		Trapped/Extricated NOT TRAPPED
		Medical Transport NOT TRANSPORTED	EMS Agency Identifier
02	005		EMS Run #
		Hospital	Date of Death
02	005		Time of Death
		Distracted By	Distracted By Source
02	005	Distracted By Action	
		Non Motorist	Striking Unit #
02	005		Location
		Prior Action	

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UNIT INDIVIDUAL 02 005	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		