

1XL092T5LC  
SP24-01779

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

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Document Number Override		Primary Crash Document #	Agency Crash Number <b>SP24-01779</b>	Investigating Officer/Deputy <b>OFFICER T. PYFFEROEN</b>	
Crash Date <b>10/11/2024</b>		Crash Time <b>10:45 AM</b>	Date Arrived <b>10/11/2024</b>	Time Arrived <b>10:52 AM</b>	
Date Notified <b>10/11/2024</b>		Time Notified <b>10:50 AM</b>	Total Units <b>02</b>	Total Injured <b>00</b>	Total Killed <b>00</b>
<input type="checkbox"/> On Emergency	<input checked="" 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 <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> <p>Oak St.</p> <p>Diagram not to scale*</p> <p>Spruce St.</p> <p>Unit 1</p> <p>02</p> <p>STOP</p>	Reconstruction By
	Photos By <b>OFFICER T. PYFFEROEN</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 2 WAS LEGALLY PARKED FACING NORTHBOUND ON SPRUCE ST. NEAR THE INTERSECTION OF OAK ST. A WITNESS OBSERVED UNIT 1 PARK ALONG THE LEFT SIDE OF UNIT 2, FACING NORTHBOUND, TO DROP OFF A PACKAGE. THE WITNESS OBSERVED UNIT 1 CONTINUE NORTHBOUND AND HEARD A LOUD NOISE. THE WITNESS STATED UNIT 1 STOPPED FOR A MOMENT AND CONTINUED NORTHBOUND ON SPRUCE ST. THE WITNESS OBSERVED FRONT END DAMAGE TO UNIT 2 AFTER UNIT 1 LEFT THE SCENE.

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Location

ON SPRUCE ST 155 FT S OF OAK ST IN THE VILLAGE OF SAUK CITY IN SAUK COUNTY	Latitude <b>43.281540845</b>	Longitude <b>-89.730061244</b>
	X Coordinate <b>278490.71875</b>	Y Coordinate <b>4795699.5</b>
	Structure Type <b>NO STRUCTURE</b>	

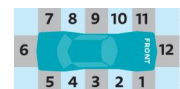
Crash Scene

First Harmful Event <b>PARKED MOTOR VEHICLE</b>		First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>07 - SIDESWIPE/SAME 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>HIT AND RUN</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>1</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>NORTHBOUND</b>	<input type="checkbox"/> <b>Pre Crash Tire Mark</b>	Speed Limit <b>25</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>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>					

UNIT 01 VEHICLE	<b>Vehicle</b>					
	License Plate Number <b>DH22283</b>		Plate Type <b>HTK</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
	Vehicle Identification Number <b>W1X8E33Y7LN104869</b>		Make <b>MERZ</b>	Year <b>2020</b>	Model <b>SPRINTER</b>	
	Color <b>WHI - WHITE</b>		Body Style <b>PK - PICKUP</b>		Bus Use	
	Initial Contact Point <b>04 - RIGHT SIDE REAR</b>		Vehicle Damage  <b>00 - NO DAMAGE</b>			
Extent Of Damage <b>NO DAMAGE</b>						



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UNIT VEHICLE	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>		
	What Driver Was Doing <b>STARTING IN ROAD</b>		Vehicle Factors		
	Driver Prior Action Other		<b>NOT APPLICABLE</b>		
	Driver Actions <b>IMPROPER TURN</b>				
01 01	Owner Name <b>MJHK INC</b>		Owner Address <b>2165 STONEHAVEN DR SUN PRAIRIE, WI 53590 , US</b>		
	<b>Sequence Of Events</b>				
01 02 03 04	Event <b>PARKED MOTOR VEHICLE</b>				
	Event				
	Event				
	Event				
UNIT	<b>Policy Holder</b>				
	Insurance Company <b>PROTECTIVE-INS-CO</b>		ORGANIZATION/COMPANY <b>MJHK INC</b>		
UNIT INDIVIDUAL	<b>Individual</b>				
	DRIVER <b>AARON R THURBER (608) 219-9424</b>		Citations Issued <b>1</b>	Sex <b>MALE</b>	
	Address <b>311 E GRANT ST POYNETTE, WI 53955 , US</b>		Date of Birth [REDACTED]	Race <b>WHITE</b>	
01 001	On Duty Crash		Safety Equipment		
	<b>Safety Equipment</b>		<b>RESTRAINT USE UNKNOWN</b>		
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>			
	Helmet Use		Helmet Compliance		
	Eye Protection		Tint Compliance		
	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NOT APPLICABLE</b>	
	Ejected <b>NOT APPLICABLE</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		Trapped/Extricated <b>NOT APPLICABLE</b>	
Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier		EMS Run #	
Hospital		Date of Death		Time of Death	
<b>Distracted By</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>			
Distracted By Action <b>NOT DISTRACTED</b>					

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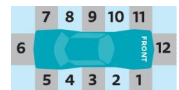
UNIT	INDIVIDUAL	<b>Non Motorist</b>		Striking Unit #	Location	
		Prior Action				
		Action				
	Action Other					To/From School
	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use		Suspected Drug Use	
	Alcohol Test Given		Alcohol Test Type		Alcohol Test Results	
	TEST NOT GIVEN					
	Drug Test Given		Drug Test Type		Drug Test Results	
	TEST NOT GIVEN					
	Drug Type					
Individual Condition		NOT OBSERVED				
<b>Violations</b>						
01	001	UTC Number	Issue To?	Statute Number	Description	
		BI345523	001	350.15(3)(b)	OCCUPANT FAIL/REPORT ACCIDENT	

Unit Summary

UNIT	02	Unit Status		Vehicle Operating As Classification		Unit Type							
		LEGALLY PARKED		D CLASS		AUTOMOBILE							
		Vehicle Type				Operating As Endorsements							
		PASSENGER CAR											
		Total Occs		Train/Bus # Recorded		Total # Citations Issued		Total Trailers		Total HazMat Types			
		0				0		0		0			
		Insurance?		Direction Of Travel		<input type="checkbox"/> Pre Crash Tire Mark		Speed Limit		Total Lanes			
		YES		NORTHBOUND				25		2			
		Most Harmful Event: Collision With				Special Function				Emergency Motor Vehicle Use			
		MOTOR VEH IN TRANSPORT				NO SPECIAL FUNCTION				NOT APPLICABLE			
Traffic Way				Traffic Control				Traffic Control Inoperative/Missing					
TWO-WAY, NOT DIVIDED				NO CONTROL				NO					
Surface Type				Road Curvature				Road Grade					
BLACKTOP (BITUMINOUS)				STRAIGHT				LEVEL					
Truck Bus or HazMat													
NO													

Vehicle

02	02	License Plate Number		Plate Type		St		Country of Issuance	
		AXD6207		AUT		WI		UNITED STATES	
		Vehicle Identification Number		Make		Year		Model	
		SHHFK7G42HU234352		HOND		2017		CIVIC	
		Color		Body Style		Bus Use			
GRY - GRAY		HB - HATCHBACK							
Initial Contact Point									
10 - LEFT SIDE FRONT									



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UNIT VEHICLE	Vehicle Damage	
	Extent Of Damage <b>FUNCTIONAL DAMAGE</b>	<b>10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT</b>
	Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By
	What Driver Was Doing <b>LEGALLY PARKED</b>	Vehicle Factors
UNIT VEHICLE	Driver Prior Action Other	<b>NOT APPLICABLE</b>
	Driver Actions <b>NO CONTRIBUTING ACTION</b>	
	Owner Name <b>ANDREW ROBERT PERRY (608) 963-8924</b>	Owner Address <b>111 SPRUCE ST SAUK CITY, WI 53583 , US</b>
UNIT VEHICLE	<b>Sequence Of Events</b>	
	01	Event <b>MOTOR VEH IN TRANSPORT</b>
	02	Event
	03	Event
	04	Event
UNIT	<b>Policy Holder</b>	
	Insurance Company <b>STATE-FARM-CLASSIC-INS-CO</b>	INDIVIDUAL <b>ANDREW PERRY</b>
<b>Witness</b>		
WITN ESS 01	Individual <b>MARSHA RAE DEDERICH (608) 403-1229</b>	Address <b>109 SPRUCE ST SAUK CITY, WI 53583 , US</b>
		Date of Birth [REDACTED]