

6TL0CX0Q6T
20-06546

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 20-06546	Investigating Officer/Deputy DEPUTY I. HANSON	
Crash Date 07/05/2020		Crash Time 03:04 PM	Date Arrived 07/05/2020	Time Arrived 03:15 PM	
Date Notified 07/05/2020		Time Notified 03:05 PM	Total Units 02	Total Injured 02	Total Killed 00
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input checked="" 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 K MUELLER
	Additional Information PHOTOS

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

UNIT 2 WAS EAST ON STH 33 WHEN HE NOTICED UNIT 1 STRADDLING THE CENTER LINE WESTBOUND. UNIT 2 TRIED TO MOVE TO THE SHOULDER TO AVOID A COLLISION. UNIT 2 STATED UNIT 1 CAME TOWARDS THEM AND STRUCK HIM ALMOST HEAD ON. UNIT 1 STATED SHE BELIEVES SHE FELL ASLEEP. BOTH UNITS ENDED UP OFF THE ROADWAY ON THE SOUTH SHOULDER. 9109

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Location

ON STH33 WB 0.45 MI W OF JOHNSON RD IN THE TOWN OF GREENFIELD IN SAUK COUNTY	Latitude 43.474325928	Longitude -89.679512008
	X Coordinate 283280.5625	Y Coordinate 4816978
	Structure Type	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 07 - SIDESWIPE/SAME DIRECTION		Light Condition DAWN	
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 NON-JUNCTION	Intersection Type NOT AN INTERSECTION	
Closure Type FULL CLOSURE		Reasons for Closure	
Date Initial Lane/Rd Closed 07/05/2020	Time Initial Lane/Rd Closed 03:10 PM	FIRE/EMS	
Date All Lanes Open 07/05/2020	Time All Lanes Open 04:00 PM	Date Scene Cleared 07/05/2020	Time Scene Cleared 04:30 PM

Unit Summary

UNIT	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 # Recorded	Total # Citations Issued 4	Total Trailers 0	Total HazMat Types 0	
	Insurance? NO	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 55	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 STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					
	Vehicle					
	01	License Plate Number ADX5821	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
Vehicle Identification Number 1G1PG5SB8E7379343		Make CHEVROLET	Year 2014	Model CRUZE LTZ		

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UNIT VEHICLE	Color MAR - MAROON (BURGUNDY)	Body Style 4D - 4DR	Bus Use
	Initial Contact Point 11 - LEFT FRONT CORNER	Vehicle Damage 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT	
	Extent Of Damage DISABLING DAMAGE		
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By BILLS TOWING	
	What Driver Was Doing GOING STRAIGHT	Vehicle Factors NOT APPLICABLE	
	Driver Prior Action Other		
UNIT VEHICLE	Driver Actions FAILED TO KEEP IN DESIGNATED LANE		
	Owner Name KATHY HOLSTON (608) 477-5201	Owner Address 400 7TH ST BARABOO, WI 53913 , US	
01 01	Sequence Of Events		
	Event MOTOR VEH IN TRANSPORT		
	Event		
	Event		
	Event		
01 01	Individual		
	Driver LATOYA SMITH (608) 477-5201	Citations Issued 4	Sex FEMALE
	Address 400 7TH ST BARABOO, WI 53913 , US	Date of Birth	Race BLACK
	Driver License Number	STATE: WISCONSIN COUNTRY: UNITED STATES	
01 001	Safety Equipment		On Duty Crash
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	Safety Equipment SHOULDER & LAP BELT
	Helmet Use		Helmet Compliance
	Eye Protection		Tint Compliance
	Injury	Injury Severity SUSPECTED MINOR INJURY	Airbag DEPLOYED-FRONT
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
	Medical Transport EMS GROUND	EMS Agency Identifier 6000368	EMS Run #
	Hospital ST CLARE HOSP	Date of Death	Time of Death

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Form containing sections: Distracted By, Non Motorist, Drug & Alcohol, Violations, and Individual Condition. Includes fields for Unit Status, Vehicle Type, and various test results.

Unit Summary

Unit Summary table with columns: Unit Status, Vehicle Operating As Classification, Unit Type, Vehicle Type, Operating As Endorsements, Total Occs, Train/Bus # Recorded, Total # Citations Issued, Total Trailers, Total HazMat Types, Insurance?, Direction Of Travel, Pre Crash Tire Mark, Speed Limit, Total Lanes, Most Harmful Event, Special Function, Emergency Motor Vehicle Use, Traffic Way, Traffic Control, Traffic Control Inoperative/Missing, Surface Type, Road Curvature, Road Grade, Truck Bus or HazMat.

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT 02	VEHICLE	Vehicle			
		License Plate Number GXA9350	Plate Type AUT - AUTOMOBILE	St OH	Country of Issuance UNITED STATES
		Vehicle Identification Number KMHTH6AB8LU022538	Make HYUNDAI	Year 2020	Model VST
		Color GRY - GRAY	Body Style 4H - HATCHBACK 4 DOOR	Bus Use	
		Initial Contact Point 11 - LEFT FRONT CORNER	Vehicle Damage		
		Extent Of Damage DISABLING DAMAGE	01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT		
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By BILLS TOWING		
		What Driver Was Doing GOING STRAIGHT	Vehicle Factors		
		Driver Prior Action Other	NOT APPLICABLE		
		UNIT 02	VEHICLE	Driver Actions NO CONTRIBUTING ACTION	
Owner Name ZACHARY EDWARD BRIGGS (740) 407-7173	Owner Address 2897 GRATIOT RD SW NEWARK, OH 43056 , US				
UNIT 01	01	Sequence Of Events			
		Event MOTOR VEH IN TRANSPORT			
		Event			
		Event			
		Event			
UNIT 04	04	Policy Holder			
		Insurance Company PROGRESSIVE-ADVANCED-INSURANCE-CO	Individual ZACHARY BRIGGS		
		Individual			
UNIT 07	INDIVIDUAL	Driver ZACHARY EDWARD BRIGGS (740) 407-7173	Citations Issued 0	Sex MALE	
			Date of Birth	Race WHITE	
		Address 2897 GRATIOT RD SW NEWARK, OH 43056 , US	Driver License Number STATE: OHIO COUNTRY: UNITED STATES		
		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		

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02	002	Injury		Injury Severity SUSPECTED MINOR INJURY	Airbag DEPLOYED-FRONT	
		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	
		Prior Action				
		Action				
		Action Other				
02	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				
		Individual				
		Passenger CHRISTOPHER THOMAS SPRENGER		Citations Issued 0	Sex MALE	
		Date of Birth		Race WHITE		
		Address 1451 S 84TH ST # 11 WEST ALLIS, WI 53214 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
		Safety Equipment		On Duty Crash	Safety Equipment SHOULDER & LAP BELT	
Row 01 - FRONT ROW	Seat Position 09 - RIGHT					
Helmet Use		Helmet Compliance				
Eye Protection		Tint Compliance				
02	003	Injury		Injury Severity NO APPARENT INJURY	Airbag DEPLOYED-FRONT	

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UNIT	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					
	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
003