6TL0B655QC
20-10754

WISCONSIN MOTOR VEHICLE CRASH REPORT

SAUK COUNTY SHERIFFS DEPARTMEN
1300 LANGE COURT
BARABOO, WI 53913
(608) 356-4895

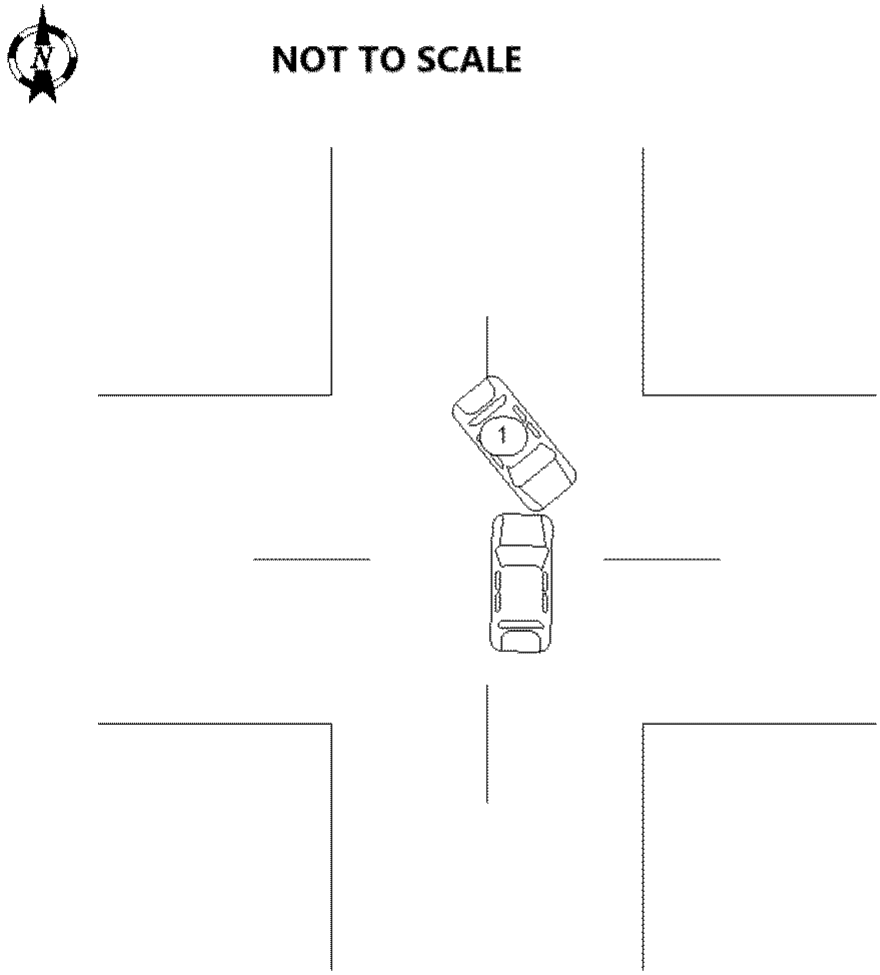
6TL0B655QC

Document Number Override	Primary Crash Document#	Agency Crash Number	Investigating Officer/Deputy
		20-10754	DEPUTY W. NEUBAUER
Crash Date: 09/02/2020	Crash Time: 09:35 PM	Date Arrived: 09/02/2020	Time Arrived: 09:36 PM
Date Notified: 09/02/2020	Time Notified: 09:36 PM	Total Units: 02	Total Injured: 01 / Total Killed: 00

☐ On Emergency	☐ Hit and Run	☐ Lane Closure	☐ Work Zone	☐ Trailer or Towed	☐ Reporting Threshold
☐ Government Property	☐ Active School Zone	School Bus Related: NO		Tags	
☑ Reportable	Crash Type: DT4000 (STANDARD CRASH)			☐ Amended	☐ Secondary Crash

Description

Diagram



Reconstruction By

Photos By
NEUBAUER 9140

Additional Information
NONE, PHOTOS

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

UNIT 1 WAS TRAVELING S/B ON STH 23 AND WAS STANDING AT THE LIGHTS WANTING TO MAKE A LEFT TURN ONTO USH 14. UNIT 2 WAS TRAVELING N/B ON CTY G STANDING AT THE LIGHTS WANTING TO GO STRAIGHT THROUGH THE INTERSECTION ONTO STH 23. THE LIGHTS TURNED GREEN, UNIT 1 FAILED TO YIELD TO UNIT 2 AND ENTERED THE INTERSECTION THE SAME TIME UNIT 2 ENTERED THE INTERSECTION. UNIT 1 COLLIDED INTO UNIT 2 IN THE INTERSECTION.

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Location

ON PRAIRIE VIEW RD/ STH23 WB 16 FT N OF CTHG SB IN THE TOWN OF SPRING GREEN IN SAUK COUNTY	Latitude 43.189743406	Longitude -90.07385709
	X Coordinate 250219.5625	Y Coordinate 4786474
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 02 - FRONT TO FRONT		Light Condition DARK/LIGHTED	
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 YES	Junction Location INTERSECTION	Intersection Type FOUR-WAY INTERSECTION	

Unit Summary

UNIT 01

Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE
Vehicle Type PASSENGER CAR				Operating As Endorsements
Total Occs 3	Train/Bus # Recorded	Total # Citations Issued 1	Total Trailers 0	Total HazMat Types 0
Insurance? YES	Direction Of Travel SOUTHBOUND	☐ Pre Crash Tire Mark	Speed Limit 45	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 TRAFFIC SIGNAL		Traffic Control Inoperative/Missing NO
Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL
Truck Bus or HazMat NO				

UNIT 01 VEHICLE 01

Vehicle

License Plate Number ABH1600	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
Vehicle Identification Number 3FAHP0HA2CR401877	Make FORD	Year 2012	Model FUS
Color WHI - WHITE	Body Style 4D - 4DR		Bus Use
Initial Contact Point 01 - RIGHT FRONT CORNER	Vehicle Damage 01 - RIGHT FRONT CORNER		
Extent Of Damage DISABLING DAMAGE			

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UNIT 01 VEHICLE 01

Towed Due To Damage **TOWED DUE TO DISABLING DAMAGE**	Vehicle Removed By **GEORGES AUTO BODY**
What Driver Was Doing **LEFT TURN**	Vehicle Factors **NOT APPLICABLE**
Driver Prior Action Other	
Driver Actions **FAILED TO YIELD RIGHT-OF-WAY**	
Owner Name **CHERRI S BIBA** **(608) 604-2572**	Owner Address **217 CARBIL RD** **MUSCODA, WI 53573 , US**

Sequence Of Events

01	Event **LEFT TURN**
02	Event **MOTOR VEH IN TRANSPORT**
03	Event
04	Event

Policy Holder

UNIT 01

Insurance Company **STATE-FARM-GENERAL-INS-CO**	Individual **DAISY BIBA**

Individual

UNIT 01 INDIVIDUAL 001

Driver **DAISY M BIBA** **(608) 604-2572**	Citations Issued **1**	Sex **FEMALE**
	Date of Birth [redacted]	Race **WHITE**
Address **217 CARBIL RD** **MUSCODA, WI 53573 , US**	Driver License Number [redacted] **STATE: WISCONSIN COUNTRY: UNITED STATES**	

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

Injury

Injury Severity **SUSPECTED MINOR 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 01 INDIVIDUAL 001

Non Motorist

Striking Unit #	Location

Prior Action

Action

Action Other

To/From School

Drug & Alcohol

Suspected Alcohol Use	Suspected Drug Use
NO	NO

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

APPEARED NORMAL

UNIT 01 INDIVIDUAL 002

Individual

Passenger	Citations Issued	Sex
CAMRIN L MERTINS	0	MALE
	Date of Birth [redacted]	Race WHITE

Address
7599 US 14
LONE ROCK, WI 53556 , US

Driver License Number

Safety Equipment

On Duty Crash

Row	Seat Position
01 - FRONT ROW	07 - LEFT

Safety Equipment
SHOULDER & LAP BELT

Helmet Use

Helmet Compliance

Eye Protection

Tint Compliance

Injury

Injury Severity	Airbag
NO APPARENT INJURY	NON DEPLOYED

Ejected	Ejection Path	Trapped/Extricated
NOT EJECTED	NOT EJECTED/NOT APPLICABLE	NOT TRAPPED

Medical Transport	EMS Agency Identifier	EMS Run #
NOT TRANSPORTED		

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 01 INDIVIDUAL 002

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

UNIT 01 INDIVIDUAL 003

Individual

Passenger: DOMINIC L WHITE
(608) 553-2109

Citations Issued: 0

Sex: MALE

Date of Birth: [redacted]

Race: WHITE

Address: E6495
SPRING GREEN, WI 53588 , US

Driver License Number

Safety Equipment

On Duty Crash

Safety Equipment: SHOULDER & LAP BELT

Row: 02 - SECOND ROW

Seat Position: 09 - RIGHT

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 01 — INDIVIDUAL 003

Action	

Action Other	To/From School

Drug & Alcohol

Suspected Alcohol Use	Suspected Drug Use
NO	NO

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: APPEARED NORMAL

Violations — UNIT 01

UTC Number	Issue To?	Statute Number	Description
BB958362	001	346.06	FAILURE TO YIELD RIGHT OF WAY

Unit Summary

UNIT 02

Unit Status	Vehicle Operating As Classification	Unit Type
IN TRANSIT	D CLASS	AUTOMOBILE

Vehicle Type	Operating As Endorsements
PASSENGER CAR	

Total Occs	Train/Bus # Recorded	Total # Citations Issued	Total Trailers	Total HazMat Types
1		0	0	0

Insurance?	Direction Of Travel	Pre Crash Tire Mark	Speed Limit	Total Lanes
YES	NORTHBOUND	☐	35	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	TRAFFIC SIGNAL	NO

Surface Type	Road Curvature	Road Grade
BLACKTOP (BITUMINOUS)	STRAIGHT	LEVEL

Truck Bus or HazMat: NO

Vehicle — UNIT 02 — VEHICLE 02

License Plate Number	Plate Type	St	Country of Issuance
6499AB	AUT - AUTOMOBILE	WI	UNITED STATES

Vehicle Identification Number	Make	Year	Model
JN1CV6AR9AM250185	INFINITI	2010	G37

Color	Body Style	Bus Use
BLK - BLACK	4D - 4DR	

Initial Contact Point	Vehicle Damage
01 - RIGHT FRONT CORNER	01 - RIGHT FRONT CORNER, 12 - FRONT
Extent Of Damage: DISABLING DAMAGE	

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UNIT 02 — VEHICLE 02

Towed Due To Damage **TOWED DUE TO DISABLING DAMAGE**	Vehicle Removed By **GEORGES AUTO BODY**
What Driver Was Doing **GOING STRAIGHT**	Vehicle Factors **NOT APPLICABLE**
Driver Prior Action Other	
Driver Actions **NO CONTRIBUTING ACTION**	
Owner Name **MELANIE S OLSON** **(608) 588-4241**	Owner Address **S11273 PAULUS RD** **SPRING GREEN, WI 53588 , US**

Sequence Of Events

01	Event **MOTOR VEH IN TRANSPORT**
02	Event
03	Event
04	Event

UNIT 02 — INDIVIDUAL 004

Policy Holder

Insurance Company **AMERICAN-FAMILY-INS-CO**	Individual **MELANIE OLSON**

Individual

Driver **GARRETT R OLSON** **(608) 588-4241**	Citations Issued **0**	Sex **MALE**
	Date of Birth [redacted]	Race **WHITE**
Address **S11273 PAULUS RD** **SPRING GREEN, WI 53588 , US**	Driver License Number [redacted] **STATE: WISCONSIN COUNTRY: UNITED STATES**	

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
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 02 — INDIVIDUAL 004

Non Motorist	Striking Unit #	Location
Prior Action		
Action		
Action Other		To/From School

Drug & Alcohol	Suspected Alcohol Use	Suspected Drug Use
	NO	NO

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

APPEARED NORMAL