

6TL0C884GK

21-00327

# 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 21-00327		Investigating Officer/Deputy DEPUTY T. SUTHERLAND	
Crash Date 01/11/2021		Crash Time 08:40 AM		Date Arrived 01/11/2021		Time Arrived 08:56 AM	
Date Notified 01/11/2021		Time Notified 08:43 AM		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

<p>Diagram</p>	Reconstruction By
	Photos By
	Additional Information NONE

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

ON 01-11-21 UNIT 2 WAS SOUTHBOUND ON WEST PINE STREET GOING THROUGH THE RITZ INTERSECTION. UNIT 1 WAS TURNING WEST ONTO LINN STREET FROM WEST PINE STREET IN THE RITZ INTERSECTION. UNIT 1 PULLED INTO THE PATH OF UNIT 2 CAUSING THE CRASH. BOTH UNITS THEN PULLED INTO THE FESTIVAL FOODS PARKING LOT AT 615 LINN STREET. NO INJURIES REPORTED.

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<b>ON STH136 WB 21 FT S OF CTHBD NB IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY</b>	Latitude	Longitude
	<b>43.474737639</b>	<b>-89.768845196</b>
	X Coordinate	Y Coordinate
	<b>276056.5</b>	<b>4817260.5</b>
	Structure Type	
	<b>NO STRUCTURE</b>	

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>		First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>01 - ANGLE</b>		Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>		<b>NONE</b>	
Environment Factor(s) <b>NONE</b>			
Weather Condition(s) <b>CLOUDY</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>FULL CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>INTERSECTION</b>	Intersection Type <b>FOUR-WAY INTERSECTION</b>	

UNIT 01	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>PASSENGER VAN</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>WESTBOUND</b>	<input type="checkbox"/> <b>Pre Crash Tire Mark</b>	Speed Limit <b>35</b>	Total Lanes <b>4</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>DIVIDED HWY W/O TRAFFIC BARRIER</b>		Traffic Control <b>TRAFFIC SIGNAL</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	VEHICLE	01	01	License Plate Number <b>ACC5319</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
				Vehicle Identification Number <b>2D4GP44L85R390531</b>	Make <b>DODGE</b>	Year <b>2005</b>	Model <b>GRAND CARA</b>
				Color <b>BLU - BLUE</b>	Body Style <b>VN - VAN</b>		Bus Use
				Initial Contact Point <b>03 - RIGHT SIDE MIDDLE</b>	Vehicle Damage  <b>03 - RIGHT SIDE MIDDLE</b>		
				Extent Of Damage <b>FUNCTIONAL 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>LEFT TURN</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>FAILED TO YIELD RIGHT-OF-WAY</b>			
01 01	Owner Name <b>SHIRLEY JEAN BOYLES</b> (608) 434-6577		Owner Address <b>419 N MAPLE ST # 10</b> <b>NORTH FREEDOM, WI 53951 , US</b>	
	<b>Sequence Of Events</b>			
01 02 03 04	Event <b>MOTOR VEH IN TRANSPORT</b>			
	Event			
	Event			
	Event			
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>ALLSTATE-INDEMNITY-CO</b>		Individual <b>SHIRLEY BOYLES</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>SHIRLEY JEAN BOYLES</b> (608) 434-6577		Citations Issued <b>1</b>	Sex <b>FEMALE</b>
	Date of Birth [REDACTED]		Race <b>WHITE</b>	
	Address <b>419 N MAPLE ST # 10</b> <b>NORTH FREEDOM, WI 53951 , US</b>		Driver License Number [REDACTED] <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
01 001	<b>Safety Equipment</b>		On Duty Crash	
	Row <b>01 - FRONT ROW</b>		Seat Position <b>07 - LEFT</b>	
	Helmet Use		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
	Eye Protection		Helmet Compliance	
01 001	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	
	Airbag <b>NON DEPLOYED</b>		Ejected <b>NOT EJECTED</b>	
	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		Trapped/Extricated <b>NOT TRAPPED</b>	
	Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	
Hospital		Date of Death		
Time of Death		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>		
Distracted By Action <b>NOT DISTRACTED</b>				

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UNIT INDIVIDUAL 01 001	<b>Non Motorist</b>		Striking Unit #	Location	
	Prior Action				
	Action				
	Action Other				
	To/From School				
	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use NO	Suspected Drug Use NO	
	Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type		Alcohol Test Results
	Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type		Drug Test Results
	Drug Type				
	Individual Condition <b>APPEARED NORMAL</b>				
<b>Violations</b>					
01	UTC Number <b>BD759453</b>		Issue To? <b>001</b>	Statute Number <b>346.18(2)</b>	Description <b>FAIL/YIELD WHILE MAKING LEFT TURN</b>

## Unit Summary

UNIT 02	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>(SPORT) UTILITY VEHICLE</b>				Operating As Endorsements	
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>SOUTHBOUND</b>	<input type="checkbox"/> <b>Pre Crash Tire Mark</b>	Speed Limit <b>35</b>	Total Lanes <b>4</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>DIVIDED HWY W/O TRAFFIC BARRIER</b>		Traffic Control <b>TRAFFIC SIGNAL</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>					

02 02	<b>Vehicle</b>				
	License Plate Number <b>790WGF</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>KM8JU3AG2EU845451</b>		Make <b>HYUNDAI</b>	Year <b>2014</b>	Model <b>TUCSON</b>
	Color <b>BLK - BLACK</b>		Body Style <b>4D - 4DR</b>		Bus Use
	Initial Contact Point <b>12 - FRONT</b>				

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UNIT VEHICLE	Extent Of Damage <b>FUNCTIONAL DAMAGE</b>		Vehicle Damage <b>01 - RIGHT FRONT CORNER, 12 - FRONT</b>	
	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>	
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
UNIT VEHICLE	Driver Actions <b>NO CONTRIBUTING ACTION</b>			
	Owner Name <b>DANIEL DAVID CARLTON (608) 477-1319</b>		Owner Address <b>711 BIRCH ST BARABOO, WI 53913 , US</b>	
UNIT VEHICLE	<b>Sequence Of Events</b>			
	Event <b>MOTOR VEH IN TRANSPORT</b>			
	Event			
	Event			
UNIT VEHICLE	Event			
	Event			
	Event			
	Event			
UNIT VEHICLE	<b>Policy Holder</b>			
	Insurance Company <b>PROGRESSIVE-ADVANCED-INSURANCE-CO</b>		Individual <b>DANIEL CARLTON</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>DANIEL DAVID CARLTON (608) 477-1319</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
	Date of Birth <b>[REDACTED]</b>		Race <b>WHITE</b>	
	Address <b>711 BIRCH ST BARABOO, WI 53913 , US</b>		Driver License Number <b>[REDACTED]</b> <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
UNIT VEHICLE	<b>Safety Equipment</b>		On Duty Crash	
	Row <b>01 - FRONT ROW</b>		Seat Position <b>07 - LEFT</b>	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
UNIT VEHICLE	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	
	<b>NON DEPLOYED</b>		Airbag <b>NON DEPLOYED</b>	
	Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		Trapped/Extricated <b>NOT TRAPPED</b>
	Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #
UNIT VEHICLE	Hospital		Date of Death	Time of Death

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UNIT INDIVIDUAL 02 002	<b>Distracted By</b>		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)	
	Distracted By Action NOT DISTRACTED			
	<b>Non Motorist</b>		Striking Unit #	Location
	Prior Action			
	Action			
	Action Other			To/From School
	<b>Drug &amp; Alcohol</b>		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				