

6TL0CR2KRD
21-05656

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 21-05656	Investigating Officer/Deputy DEPUTY M. BURCH	
Crash Date 06/22/2021		Crash Time 02:24 PM	Date Arrived 06/22/2021	Time Arrived 02:29 PM	
Date Notified 06/22/2021		Time Notified 02:24 PM	Total Units 02	Total Injured 01	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
	Additional Information NONE

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

THE OPERATOR OF UNIT #1 WAS ATTEMPTING TO EXIT THE WALGREENS DRIVEWAY EAST BOUND ONTO STH 136. THE OPERATOR OF UNIT #1 STATED A TRUCK AND LARGE TRAILER WAS TURNING INTO THE WALGREENS DRIVEWAY BLOCKING HIS VIEW AS HE WAS ATTEMPTING TO TURN ONTO STH 136. UNIT #1 ENTERED THE ROADWAY ONTO STH 136 AND STRUCK UNIT #2 WHICH WAS WESTBOUND ON STH 136 IN THE FRONT PASSENGER SIDE. BOTH UNIT #1 AND UNIT #2 RECEIVED DISABLING DAMAGE. UNIT #1 WAS REMOVED BY CRAIG'S TOWING, UNIT # 2 WAS REMOVED BY BILL'S TOWING. THE FRONT PASSENGER OF UNIT #2 WAS TRANSPORTED BY BARABOO AMBULANCE SERVICE TO ST CLARE HOSPITAL WITH MINOR INJURIES.

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Location

ON STH33 WB 257 FT W OF STH136 WB IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY	Latitude 43.474793	Longitude -89.769802504
	X Coordinate 275979.28125	Y Coordinate 4817269
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 01 - ANGLE		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 DRIVEWAY ACCESS-RELATED	Intersection Type NOT AN INTERSECTION	
Closure Type LANE CLOSURE		Reasons for Closure LAW ENFORCEMENT, TOW TRUCK	
Date Initial Lane/Rd Closed 06/22/2021	Time Initial Lane/Rd Closed 02:24 PM		
Date All Lanes Open 06/22/2021	Time All Lanes Open 03:02 PM	Date Scene Cleared 06/22/2021	Time Scene Cleared 03:04 PM

Unit Summary

UNIT 01	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type (SPORT) UTILITY VEHICLE				Operating As Endorsements	
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel SOUTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 35	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 STOP SIGN		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

Vehicle

UNIT 01	License Plate Number		Plate Type	St	Country of Issuance
	Vehicle Identification Number 1GNSKBKC2HR190176		Make CHEVROLET	Year 2017	Model TAHOE

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UNIT VEHICLE	Color BLK - BLACK	Body Style UT - SPORT UTILITY VEHICLE	Bus Use
	Initial Contact Point 12 - FRONT	Vehicle Damage	
	Extent Of Damage DISABLING DAMAGE	12 - FRONT	
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By CRAIGS TOWING	
	What Driver Was Doing ENTERING TRAFFIC LANE	Vehicle Factors	
	Driver Prior Action Other	NOT APPLICABLE	
UNIT VEHICLE	Driver Actions FAILED TO YIELD RIGHT-OF-WAY		
	Owner Name DON LARSON CHEVROLET (608) 448-3020	Owner Address S3801 COUNTY HWY BD BARABOO, WI 53913 , US	
UNIT VEHICLE	Sequence Of Events		
	Event MOTOR VEH IN TRANSPORT		
	Event		
	Event		
UNIT	Policy Holder		
	Insurance Company DON RICK INSURANCE	Organization/Company DON LARSON CHEVROLET	
UNIT INDIVIDUAL	Individual		
	Driver KEVIN W CORTLEYOU (608) 586-4314	Citations Issued 0	Sex MALE
	Address 222 N FRANKLIN AVE OXFORD, WI 53952 , US	Date of Birth [REDACTED]	Race WHITE
UNIT INDIVIDUAL	Driver License Number STATE: WISCONSIN 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
UNIT INDIVIDUAL	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 #	

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UNIT INDIVIDUAL 01 001	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			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 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	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 35	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 NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

Vehicle

UNIT 02	License Plate Number AGA5604	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1G8ZJ527XXZ110470	Make SATURN	Year 1999	Model SL2
	Color GRN - GREEN	Body Style 4D - 4DR		Bus Use

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UNIT VEHICLE	Initial Contact Point 02 - RIGHT SIDE FRONT		Vehicle Damage 02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE	
	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 NO CONTRIBUTING ACTION			
	Owner Name BARBARA R KRUCHTEN REDDOOR (608) 477-3371		Owner Address S7559 US HWY 12 Q19 NORTH FREEDOM, WI 53951 , US	
UNIT VEHICLE	Sequence Of Events			
	Event 01	MOTOR VEH IN TRANSPORT		
	Event 02			
	Event 03			
UNIT VEHICLE	Event 04			
	Policy Holder			
Insurance Company GEICO-CASUALTY-CO		Individual BARBARA KRUCHTEN REDDOOR		
UNIT INDIVIDUAL	Individual			
	Driver BARBARA R KRUCHTEN REDDOOR (608) 477-3371		Citations Issued 0	Sex FEMALE
			Date of Birth [REDACTED]	Race WHITE
	Address S7559 US HWY 12 Q19 NORTH FREEDOM, WI 53951 , US		Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES	
UNIT INDIVIDUAL	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	
UNIT INDIVIDUAL	Injury		Airbag	
	NO APPARENT INJURY		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

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UNIT INDIVIDUAL	Distracted By Distracted By Source NOT APPLICABLE (NOT DISTRACTED)	
	Distracted By Action NOT DISTRACTED	
	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		
UNIT INDIVIDUAL	Individual	
	Passenger GUY A REDDOOR (608) 477-3371	Citations Issued 0
	Sex MALE	
	Date of Birth [REDACTED]	Race WHITE
	Address S7559 US HWY 12 Q19 NORTH FREEDOM, WI , 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 09 - RIGHT
	Helmet Use	
Helmet Compliance		
Eye Protection		
Tint Compliance		
UNIT INDIVIDUAL	Injury	
	Injury Severity POSSIBLE INJURY	Airbag DEPLOYED-FRONT
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE
	Trapped/Extricated TRAPPED/NOT EXTRICATED	
	Medical Transport EMS GROUND	EMS Agency Identifier 576
	EMS Run# 576	
	Hospital ST CLARE HOSP	Date of Death
	Time of Death	
	Distracted By Distracted By Source	

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UNIT INDIVIDUAL 02 003	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		