

6TL0B655SG

21-09369

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 21-09369		Investigating Officer/Deputy DEPUTY W. NEUBAUER	
Crash Date 09/30/2021		Crash Time 07:30 AM		Date Arrived 09/30/2021		Time Arrived 07:51 AM	
Date Notified 09/30/2021		Time Notified 07:32 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> <p>STH 23</p> <p>USH 14</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.

UNIT 1 AND 2 WERE TRAVELING S/B ON STH 23 AND APPROACHED THE STH 23 AND USH 14 INTERSECTION. UNIT 2 CAME TO A STOP AND UNIT 1 CONTINUED AND COLLIDED WITH UNIT 2. UNIT 1 DRIVER ADMITTED TO NOT SLOWING DOWN IN TIME AND COLLIDING WITH UNIT 2. UNIT 1 DRIVER ALSO ADMITTED TO NOT STOPPING AND CONTINUING ON.

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Location

ON PRAIRIE VIEW RD/ STH23 WB 78 FT N OF USH14 WB IN THE TOWN OF SPRING GREEN IN SAUK COUNTY	Latitude 43.189912813	Longitude -90.073851502
	X Coordinate 250220.703125	Y Coordinate 4786492.5
	Structure Type	

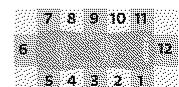
Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 03 - FRONT TO REAR	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 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 (SPORT) UTILITY VEHICLE			Operating As Endorsements	
	Total Occs 2	Train/Bus # Recorded	Total # Citations Issued 1	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel SOUTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 40	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 FLASH	Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT	Road Grade LEVEL	
	Truck Bus or HazMat NO				

UNIT 01 VEHICLE	Vehicle			
	License Plate Number 600TJJ	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 2T3BF4DV9BW086671	Make TOYOTA	Year 2011	Model RAV4
	Color RED - RED	Body Style LL - CARRYALL		Bus Use
	Initial Contact Point 12 - FRONT	Vehicle Damage 11 - LEFT FRONT CORNER, 12 - FRONT		
	Extent Of Damage MINOR DAMAGE			



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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER			
01	Owner Name ELIZABETH MARIE ACCOLA (608) 393-0339		Owner Address S7290 SKY VIEW DR LOGANVILLE, WI 53943 , US	
	Sequence Of Events			
01	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company PROGRESSIVE-CASUALTY-INS-CO		Individual ELIZABETH ACCOLA	
UNIT INDIVIDUAL	Individual			
	Driver JACQUELINE PATRICIA ACCOLA (608) 393-0339		Citations Issued 1	Sex FEMALE
	Address S7290 SKY VIEW DR LOGANVILLE, WI 53943 , US		Date of Birth [REDACTED]	Race WHITE
	Driver License Number [REDACTED]		STATE: WISCONSIN COUNTRY: UNITED STATES	
01	Safety Equipment		On Duty Crash	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
001	Injury		Injury Severity NO APPARENT INJURY	
	Airbag NON DEPLOYED		Trapped/Extricated NOT TRAPPED	
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE		EMS Agency Identifier
	Medical Transport NOT TRANSPORTED		EMS Run #	
Hospital		Date of Death		Time of Death
Distracted By		Distracted By Source UNKNOWN		
Distracted By Action OTHER ACTION (LOOKING AWAY FROM TASK ETC)				

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UNIT INDIVIDUAL	01	001	Non Motorist		Striking Unit #	Location	
			Prior Action				
			Action				
			Action Other				To/From School
UNIT INDIVIDUAL	01	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 AUSTIN M ACCOLA (608) 393-0339		Citations Issued 0	Sex MALE	
			Address S7290 SKY VIEW DR LOGANVILLE, WI 53943 , US		Date of Birth [REDACTED]	Race WHITE	
					Driver License Number		
			Safety Equipment		On Duty Crash		Safety Equipment
Row 01 - FRONT ROW		Seat Position 09 - RIGHT	SHOULDER & LAP BELT				
Helmet Use		Helmet Compliance					
Eye Protection		Tint Compliance					
UNIT INDIVIDUAL	01	002	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	

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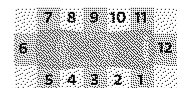
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UNIT INDIVIDUAL	Prior Action			
	Action			
	Action Other			
	To/From School			
	Drug & Alcohol		Suspected Alcohol Use NO	
			Suspected Drug Use NO	
	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	
	Alcohol Test Results			
	Drug Test Given TEST NOT GIVEN		Drug Test Type	
	Drug Test Results			
01 002	Drug Type			
	Individual Condition			
	APPEARED NORMAL			
Violations				
01	UTC Number BB958492	Issue To? 001	Statute Number 346.89(1)	Description INATTENTIVE DRIVING

Unit Summary

UNIT 02	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 40	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 VEHICLE	Vehicle			
	License Plate Number AKP3600		Plate Type AUT - AUTOMOBILE	St WI
	Vehicle Identification Number 1GNDT13S922299501		Make CHEVROLET	Year 2002
	Color SIL - SILVER (ALUMINUM)		Body Style UT - SPORT UTILITY VEHICLE	
	Initial Contact Point 06 - REAR		Bus Use	
	Extent Of Damage MINOR DAMAGE		Vehicle Damage 06 - REAR	



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	What Driver Was Doing GOING STRAIGHT		Vehicle Factors NOT APPLICABLE	
	Driver Prior Action Other			
	Driver Actions NO CONTRIBUTING ACTION			
02	Owner Name GEORGE ROBERT BUSSE (608) 459-8125		Owner Address E4700 HICKORY RD PLAIN, WI 53577 , US	
	Sequence Of Events			
01 02 03 04	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
UNIT	Policy Holder			
	Insurance Company PROGRESSIVE-CASUALTY-INS-CO		Individual GEORGE BUSSE	
UNIT INDIVIDUAL	Individual			
	Driver BLAKE ROBERT BUSSE (608) 459-8125		Citations Issued 0	Sex MALE
	Date of Birth [REDACTED]		Race	
	Address E4700 HICKORY RD PLAIN, WI 53577 , US		Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES	
02	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	
003	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 INDIVIDUAL 02 003	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				