

6TL0CBQ6PV  
21-11253

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 21-11253	Investigating Officer/Deputy <b>DEPUTY B. ZIBELL</b>	
Crash Date 11/22/2021		Crash Time 10:35 PM	Date Arrived 11/22/2021	Time Arrived 10:37 PM	
Date Notified 11/22/2021		Time Notified 10:36 PM	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 11/22/2021 UNIT 1 WAS IN THE STRAIGHT ONLY LANE AT THE INTERSECTION OF HY 136 AND WEST PINE. UNIT 2 WAS IN THE STRAIGHT OR RIGHT TURN LANE. UNIT 1 TURNED RIGHT AND COLLIDED WITH UNIT 2. BOTH UNITS CAME TO A REST ON W. PINE STREET FACING SOUTH.

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Location

Table with 3 columns: Location details (ON STH33 EB, 52 FT W, OF STH136 EB, IN THE VILLAGE OF WEST BARABOO, IN SAUK COUNTY), Latitude (43.474752317), Longitude (-89.769099931), X Coordinate (276035.9375), Y Coordinate (4817262.5), Structure Type (NO STRUCTURE)

Crash Scene

Table with 4 columns: First Harmful Event (MOTOR VEH IN TRANSPORT), First Harmful Event Location (ON ROADWAY), Manner of Collision (07 - SIDESWIPE/SAME DIRECTION), 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

Table with 4 columns: 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 (1), Total Trailers (0), Total HazMat Types (0), Insurance? (YES), Direction Of Travel (EASTBOUND), Pre Crash Tire Mark, Speed Limit (25), 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 (DIVIDED HWY W/TRAFFIC BARRIER), Traffic Control (TRAFFIC SIGNAL), Traffic Control Inoperative/Missing (NO), Surface Type (BLACKTOP (BITUMINOUS)), Road Curvature (STRAIGHT), Road Grade (LEVEL), Truck Bus or HazMat (NO)

Vehicle

Table with 4 columns: License Plate Number (ANE5376), Plate Type (AUT - AUTOMOBILE), St (WI), Country of Issuance (UNITED STATES), Vehicle Identification Number (1FM5K8AR0FGB98814), Make (FORD), Year (2015), Model (EXPLORER), Color (BGE - BEIGE), Body Style (UT - SPORT UTILITY VEHICLE), Bus Use, Initial Contact Point (01 - RIGHT FRONT CORNER), Vehicle Damage (01 - RIGHT FRONT CORNER), Extent Of Damage (MINOR DAMAGE)



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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>OVERTAKE RIGHT</b>		Vehicle Factors		
	Driver Prior Action Other		<b>NOT APPLICABLE</b>		
	Driver Actions <b>IMPROPER TURN</b>				
01 01	Owner Name <b>ANTOINE SAMUEL WILSON (507) 577-9594</b>		Owner Address <b>2919 PINWOOD RIDGE DR SE ROCHESTER, MN 55904 6230, US</b>		
	<b>Sequence Of Events</b>				
01 01	01	Event <b>RIGHT TURN</b>			
	02	Event <b>MOTOR VEH IN TRANSPORT</b>			
	03	Event			
	04	Event			
UNIT	<b>Policy Holder</b>				
	Insurance Company <b>PROGRESSIVE-MUTUAL-INS-CO-(ATTN:-AUTO-U</b>		Individual <b>ALICIA PSOMAS</b>		
UNIT INDIVIDUAL	<b>Individual</b>				
	Driver <b>ALICIA Y ALETHIA WILSO PSOMAS (507) 577-9594</b>		Citations Issued <b>1</b>	Sex <b>FEMALE</b>	
	Address <b>2919 PINWOOD RIDGE DR SE ROCHESTER, MN 55904 6230, US</b>		Date of Birth [REDACTED]	Race	
			Driver License Number [REDACTED]	<b>STATE: MINNESOTA COUNTRY: UNITED STATES</b>	
01 001	<b>Safety Equipment</b>		On Duty Crash		
			Safety Equipment		
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	<b>SHOULDER &amp; LAP BELT</b>		
	Helmet Use		Helmet Compliance		
	Eye Protection		Tint Compliance		
	<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		EMS Run #	
Hospital		Date of Death		Time of Death	
<b>Distracted By</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>			
Distracted By Action <b>NOT DISTRACTED</b>					

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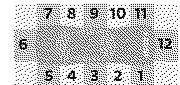
UNIT INDIVIDUAL	<b>Non Motorist</b>		Striking Unit #	Location		
	Prior Action					
	Action					
	Action Other				To/From School	
	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use NO	Suspected Drug Use NO		
	Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type		Alcohol Test Results	
	Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type		Drug Test Results	
	Drug Type					
	Individual Condition <b>APPEARED NORMAL</b>					
	<b>Violations</b>					
01	001	UTC Number <b>BF694457</b>	Issue To? <b>001</b>	Statute Number <b>343.44(1)(a)</b>	Description <b>OPERATING WHILE SUSPENDED</b>	

Unit Summary

UNIT 02	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>TRUCK</b>	
	Vehicle Type <b>(SPORT) UTILITY VEHICLE</b>				Operating As Endorsements	
	Total Occs <b>2</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>EASTBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>25</b>	Total Lanes <b>2</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/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>					

Vehicle

02 02	License Plate Number <b>XE31367</b>		Plate Type <b>HTK - HEAVY TRUCK</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>3C6UR5DJ7MG627780</b>		Make <b>RAM</b>	Year <b>2021</b>	Model <b>2500</b>
	Color <b>BLK - BLACK</b>		Body Style <b>PK - PICKUP</b>		Bus Use
	Initial Contact Point <b>10 - LEFT SIDE FRONT</b>				



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UNIT VEHICLE	Vehicle Damage	
	Extent Of Damage <b>MINOR DAMAGE</b>	<b>10 - LEFT SIDE 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
UNIT VEHICLE	Driver Prior Action Other	<b>NOT APPLICABLE</b>
	Driver Actions <b>NO CONTRIBUTING ACTION</b>	
	Owner Name <b>EAN HOLDINGS LLC</b>	Owner Address <b>S16 W22650 LINCOLN AVE WAUKESHA, WI 53186 , US</b>
	<b>Sequence Of Events</b>	
UNIT VEHICLE	Event <b>MOTOR VEH IN TRANSPORT</b>	
	Event	
	Event	
	Event	
UNIT VEHICLE	<b>Policy Holder</b>	
	Insurance Company <b>WISCONSIN-MUTUAL-INS-CO</b>	Organization/Company <b>EAN HOLDINGS LLC</b>
UNIT INDIVIDUAL	<b>Individual</b>	
	Driver <b>LARRY ELWIN KING III (608) 479-3199</b>	Citations Issued <b>0</b>
		Sex <b>MALE</b>
		Race <b>WHITE</b>
	Address <b>3672 9TH AVE WISCONSIN DELLS, WI 53965 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>
UNIT INDIVIDUAL	<b>Safety Equipment</b>	
	On Duty Crash	Safety Equipment
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>
	<b>SHOULDER &amp; LAP BELT</b>	
Helmet Use		Helmet Compliance
Eye Protection		Tint Compliance
UNIT INDIVIDUAL	<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		EMS Run#
Date of Death		Time of Death

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UNIT	INDIVIDUAL	<b>Distracted By</b> Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>	
		Distracted By Action <b>NOT DISTRACTED</b>	
		<b>Non Motorist</b>	Striking Unit # Location
		Prior Action	
		Action	
		Action Other To/From School	
		<b>Drug &amp; Alcohol</b> Suspected Alcohol Use <b>NO</b> Suspected Drug Use <b>NO</b>	
		Alcohol Test Given	Alcohol Test Type Alcohol Test Results
		<b>TEST NOT GIVEN</b>	
		Drug Test Given	Drug Test Type Drug Test Results
<b>TEST NOT GIVEN</b>			
Drug Type			
Individual Condition <b>APPEARED NORMAL</b>			
UNIT	INDIVIDUAL	<b>Individual</b>	
		Passenger <b>IDA L KING</b> (608) 479-3199	Citations Issued <b>0</b> Sex <b>FEMALE</b>
			Date of Birth [REDACTED] Race <b>WHITE</b>
		Address <b>3672 9TH AVE</b> <b>WISCONSIN DELLS, WI 53965 , US</b>	Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES
		<b>Safety Equipment</b> On Duty Crash Safety Equipment	
		Row <b>01 - FRONT ROW</b> Seat Position <b>09 - RIGHT</b>	<b>SHOULDER &amp; LAP BELT</b>
		Helmet Use Helmet Compliance	
		Eye Protection Tint Compliance	
		<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 EMS Run #			
Hospital Date of Death Time of Death			
UNIT	INDIVIDUAL	<b>Distracted By</b> Distracted By Source	

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UNIT INDIVIDUAL          02 003	Distracted By Action		
	<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>		