

6TL0D2XVPP
22-00698

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 22-00698		Investigating Officer/Deputy DEPUTY B. SCHLOUGH	
Crash Date 01/23/2022		Crash Time 09:46 AM		Date Arrived 01/23/2022		Time Arrived 10:30 AM	
Date Notified 01/23/2022		Time Notified 09:48 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>DRAWING NOT TO SCALE</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 UNIT 2 WERE TRAVELING E/B ON STH 23. UNIT 2 WAS SLOWING TO MAKE A LEFT TURN INTO A PRIVATE DRIVEWAY. OPERATOR OF UNIT 1 DID NOT SEE UNIT 2 SLOWING AND REAR ENDED UNIT 2. AFTER IMPACT UNIT 2 PULLED INTO THE PRIVATE DRIVEWAY WHERE IT CAME TO REST. UNIT 1 LEFT THE ROADWAY AND ENTERED THE E/B DITCH AND BECAME STUCK IN THE SNOW.

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Location

ON STH23 EB 868 FT S OF MCKINLEY ST IN THE TOWN OF SPRING GREEN IN SAUK COUNTY	Latitude 43.168659062	Longitude -90.064022587
	X Coordinate 250932.984375	Y Coordinate 4784103
	Structure Type NO STRUCTURE	

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) SNOW, SLUSH	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 NON-JUNCTION	Intersection Type NOT AN 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 1	Train/Bus # Recorded	Total # Citations Issued 1	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> 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 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 01 VEHICLE 01	License Plate Number AJS5803	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number JN8AZ18W49W112615	Make NISSAN	Year 2009	Model MUR
	Color GLD - GOLD	Body Style 4H - HATCHBACK 4 DOOR	Bus Use	
	Initial Contact Point 11 - LEFT FRONT CORNER	Vehicle Damage 11 - LEFT FRONT CORNER		
	Extent Of Damage FUNCTIONAL 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 FAILURE TO CONTROL		
01 01	Owner Name JODY L REICH (608) 588-4288	Owner Address E4930 ROLLING RIDGE RD SPRING GREEN, WI 53588 , US	
	Sequence Of Events		
01 02 03 04	Event MOTOR VEH IN TRANSPORT		
	Event		
	Event		
	Event		
UNIT	Policy Holder		
	Insurance Company AMERICAN-FAMILY-INS-CO	Individual JODY REICH	
UNIT INDIVIDUAL	Individual		
	Driver MIRANDA LEIGH REICH (608) 588-4925	Citations Issued 1	Sex FEMALE
		Date of Birth [REDACTED]	Race WHITE
	Address E4930 ROLLING RIDGE RD SPRING GREEN, WI 53588 , US	Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES	
01 001	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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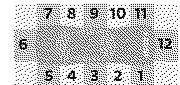
UNIT INDIVIDUAL	Non Motorist		Striking Unit #	Location		
	Prior Action					
	Action					
	Action Other				To/From School	
	Drug & Alcohol		Suspected Alcohol Use NO	Suspected Drug Use NO		
	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type		Alcohol Test Results	
	Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results	
	Drug Type					
	Individual Condition APPEARED NORMAL					
	Violations					
01	001	UTC Number BG024601	Issue To? 001	Statute Number 346.57(2)	Description FAILURE TO KEEP VEHICLE UNDER CONTROL	

Unit Summary

UNIT 02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type TRUCK	
	Vehicle Type UTILITY TRUCK/PICKUP TRUCK				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 EASTBOUND		Pre Crash Tire Mark <input type="checkbox"/>	
	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 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

02 02	License Plate Number 2036982		Plate Type LTK - LIGHT TRUCK		St IL		Country of Issuance UNITED STATES	
	Vehicle Identification Number 3GTP2WE76CG248707		Make GENERAL MOTORS COR		Year 2012		Model SIERRA	
	Color BLU - BLUE		Body Style TK - TRUCK				Bus Use	
	Initial Contact Point 05 - RIGHT REAR CORNER							



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UNIT VEHICLE	Vehicle Damage	
	Extent Of Damage FUNCTIONAL DAMAGE	05 - RIGHT REAR CORNER
	Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR
	What Driver Was Doing SLOW/STOPPING	Vehicle Factors
UNIT VEHICLE	Driver Prior Action Other	NOT APPLICABLE
	Driver Actions NO CONTRIBUTING ACTION	
	Owner Name MICHAEL W NOGA (608) 963-7167	Owner Address 1439 MARIJON DR BYRON, IL 61010 , US
	Sequence Of Events	
UNIT VEHICLE	Event MOTOR VEH IN TRANSPORT	
	Event	
	Event	
	Event	
UNIT	Policy Holder	
	Insurance Company ALLSTATE-INS-CO	Individual MICHAEL NOGA
UNIT INDIVIDUAL	Individual	
	Driver MICHAEL W NOGA (608) 963-7167	Citations Issued 0
		Sex MALE
		Race WHITE
	Address 1439 MARIJON DR BYRON, IL 61010 , US	Driver License Number STATE: ILLINOIS COUNTRY: UNITED STATES
UNIT INDIVIDUAL	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
Hospital		EMS Run#
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		
Individual		
Passenger JAMIE L ROTT (608) 963-7167	Citations Issued 0	
	Sex FEMALE	
	Date of Birth [REDACTED]	
	Race WHITE	
Address 1439 MARIJON DR BYRON, IL 61010 , US	Driver License Number [REDACTED]	
	STATE: ILLINOIS 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	
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	

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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		