

6TL0DDT5LH
22-00952

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 6TL0D9428B		Primary Crash Document#	Agency Crash Number 22-00952	Investigating Officer/Deputy DEPUTY M. PETERSON	
Crash Date 01/30/2022		Crash Time 06:29 PM	Date Arrived 01/30/2022	Time Arrived 06:53 PM	
Date Notified 01/30/2022		Time Notified 06:32 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 checked="" type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

<p>Diagram</p> <p>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 BOTH TRAVELING WESTBOUND ON E MAINT ST. UNIT 2 BEGAN TO SLOW DOWN AS A VEHICLE IN FRONT OF HIM WAS SLOWING DOWN. UNIT 1 THEN COLLIDED WITH UNIT 2.

FIX ERRORS

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Location

Table with 3 columns: Address (ON E MAIN ST/ STH33 WB 157 FT E...), Latitude (43.582203947), Longitude (-90.129377907), X Coordinate (247344.65625), Y Coordinate (4830230), 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 (03 - FRONT TO REAR), Light Condition (DARK/LIGHTED), Road Surface Condition(s) (DRY), Environment Factor(s) (NONE), Weather Condition(s) (CLOUDY), 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 (INTERSECTION), Intersection Type (T-INTERSECTION)

Unit Summary

Table with 5 columns: Unit Status (IN TRANSIT), Vehicle Operating As Classification (D CLASS), Unit Type (TRUCK), Vehicle Type (UTILITY TRUCK/PICKUP TRUCK), 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 (WESTBOUND), Pre Crash Tire Mark, Speed Limit (30), 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

Table with 4 columns: License Plate Number (KD5291), Plate Type (LTK - LIGHT TRUCK), St (WI), Country of Issuance (UNITED STATES), Vehicle Identification Number (1C6RR7FT2GS310146), Make (RAM), Year (2016), Model (1500), Color (SIL - SILVER (ALUMINUM)), Body Style (PK - PICKUP), Bus Use, Initial Contact Point (12 - FRONT)

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UNIT VEHICLE	Vehicle Damage		7 8 9 10 11 5 4 3 2 1	
	Extent Of Damage	01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT		
	FUNCTIONAL DAMAGE			
	Towed Due To Damage	Vehicle Removed By OWNER		
UNIT VEHICLE	What Driver Was Doing	Vehicle Factors		
	GOING STRAIGHT			
	Driver Prior Action Other	NOT APPLICABLE		
UNIT VEHICLE	Driver Actions			
	FOLLOWING TOO CLOSE			
01 01	Owner Name	Owner Address		
	CLINT EVAN CARLSON	305 HARRISON ST LA VALLE, WI 53941 , US		
Sequence Of Events				
01 02 03 04	Event			
	MOTOR VEH IN TRANSPORT			
	Event			
	Event			
UNIT INDIVIDUAL	Policy Holder			
	Insurance Company	Individual		
01 001	PROGRESSIVE-UNIVERSAL-INSURANCE-COMP	CLINT CARLSON		
	Individual			
	Driver	Citations Issued	Sex	
	ANDRE THOMAS CARLSON	0	MALE	
	Date of Birth	Race		
Address	Driver License Number			
305 HARRISON ST LA VALLE, WI 53941 , US	STATE: WISCONSIN COUNTRY: UNITED STATES			
Safety Equipment	On Duty Crash		Safety Equipment	
	Row	Seat Position	SHOULDER & LAP BELT	
	01 - FRONT ROW	07 - LEFT		
	Helmet Use		Helmet Compliance	
Eye Protection		Tint Compliance		
01 001	Injury		Airbag	
	Injury Severity		NON DEPLOYED	
	NO APPARENT INJURY			
	Ejected	Ejection Path	Trapped/Extricated	
NOT EJECTED	NOT EJECTED/NOT APPLICABLE	NOT TRAPPED		
Medical Transport		EMS Agency Identifier	EMS Run#	
NOT TRANSPORTED				
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 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 1	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 30	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				

02 02	Vehicle			
	License Plate Number AJT6530	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1G1PG5SC4C7213648	Make CHEVROLET	Year 2012	Model CRUZE LT
	Color BLK - BLACK	Body Style 4D - 4DR	Bus Use	
	Initial Contact Point 06 - REAR			

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UNIT VEHICLE	Vehicle Damage		7 8 9 10 11 5 4 3 2 1	
	Extent Of Damage FUNCTIONAL DAMAGE			05 - RIGHT REAR CORNER, 06 - REAR, 07 - LEFT REAR CORNER
	Towed Due To Damage NOT TOWED			Vehicle Removed By OWNER
	What Driver Was Doing GOING STRAIGHT			Vehicle Factors
UNIT VEHICLE	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
	Owner Name PENNY LYNN JANECEK		Owner Address S1655 HEIDRICH RD LA VALLE, WI 53941 , US	
	Sequence Of Events			
UNIT VEHICLE	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
UNIT VEHICLE	Policy Holder			
	Insurance Company MORRIS MUTUAL		Individual PENNY JANECEK	
UNIT INDIVIDUAL	Individual			
	Driver SETH DANIEL JANECEK		Citations Issued 0	
	Sex MALE		Date of Birth [REDACTED]	
	Race WHITE		Driver License Number [REDACTED]	
Address S1655 HEIDRICH RD LA VALLE, WI 53941 , US		STATE: WISCONSIN 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		Airbag	
	Injury Severity NO APPARENT INJURY		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 02 002	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
Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Results
Drug Type		
Individual Condition APPEARED NORMAL		