

WISCONSIN MOTOR VEHICLE
CRASH REPORT

6TL0BFKDGGM

Document Number Override		Primary Crash Document#		Agency Crash Number 22-01935		Investigating Officer/Deputy DEPUTY H. VOLZ	
Crash Date 03/01/2022		Crash Time 04:35 PM		Date Arrived 03/01/2022		Time Arrived 04:54 PM	
Date Notified 03/01/2022		Time Notified 04:39 PM		Total Units 03		Total Injured 02	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 checked="" 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>Reconstruction By</p>	
		<p>Photos By DEPUTY H VOLZ #9137</p>	
		<p>Additional Information PHOTOS</p>	

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

UNITS 2 AND 3 WERE LEGALLY PARKED ON N WASHINGTON STREET. UNIT 1 WAS TRAVELING NB ON N WASHINGTON STREET. UNIT 1 APPROACHED THE STOP SIGN ON N WASHINGTON ST AT W MONROE ST. UNIT 1 STOPPED AT THE STOP SIGN THEN PROCEEDED NORTH, CROSSING THE CENTERLINE AND ENTERING THE ONCOMING LANE OF TRAFFIC. UNIT 1 STRUCK PARKED UNIT 2. UNIT 1 BACKED UP AND CONTINUED DRIVING NORTH IN THE ONCOMING LANE OF TRAFFIC. UNIT 1 VEERED LEFT AGAIN AND STRUCK PARKED UNIT 3. UNIT 1 DRIVER HELD THEIR FOOT ON THE GAS AND THEN LET OFF REVVING THE ENGINE MAKING THE VEHICLE PUSH FORWARD AND BACK AGAINST THE PARKED VEHICLE AND STRUCK IT THREE TO FOUR TIMES. UNIT 1 CAME TO REST AND THE OPERATOR LEFT ON FOOT.

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SAUK COUNTY SHERIFFS DEPARTMENT
1300 LANGE COURT
BARABOO, WI 53913
(608) 356-4895

Location

ON N WASHINGTON ST 98 FT N OF W MONROE ST IN THE VILLAGE OF SPRING GREEN IN SAUK COUNTY	Latitude 43.178076102	Longitude -90.069577993
	X Coordinate 250519.734375	Y Coordinate 4785165.5
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event PARKED MOTOR VEHICLE	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) 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 NON-JUNCTION	Intersection Type NOT AN INTERSECTION

Unit Summary

UNIT 01	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type TRUCK		
	Vehicle Type (SPORT) UTILITY VEHICLE	Operating As Endorsements			
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 4	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel NORTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 25	Total Lanes 2
	Most Harmful Event: Collision With PARKED MOTOR VEHICLE	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 VEHICLE 01	License Plate Number NP9812	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1J4GW48SX4C198627	Make JEEP	Year 2004	Model GRAND CHER
	Color GRY - GRAY	Body Style 4D - 4DR		Bus Use NOT A BUS
	Initial Contact Point 12 - FRONT	Vehicle Damage 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT		
	Extent Of Damage FUNCTIONAL DAMAGE			



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UNIT VEHICLE	Towed Due To Damage TOWED BUT NOT DUE TO DISABLING DAMAG		Vehicle Removed By GEORGES AUTO BODY		
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors		
	Driver Prior Action Other		NOT APPLICABLE		
	Driver Actions FAILURE TO CONTROL, WRONG SIDE OR WRONG WAY, FAILED TO KEEP IN DESIGNATED LANE, OPERATED MOTOR VEHICLE IN AGGRESSIVE/RECKLESS MANNER, OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER				
01	01	Owner Name JASON G ALT (608) 438-1214		Owner Address E2726 BRACE RD LONE ROCK, WI 53556 , US	
		Sequence Of Events			
01	01	Event CROSS CENTERLINE			
		Event PARKED MOTOR VEHICLE			
		Event PARKED MOTOR VEHICLE			
		Event			
UNIT	Policy Holder				
	Insurance Company PROGRESSIVE-MUTUAL-INS-CO-(ATTN:-AUTO-U		Individual JASON ALT		
UNIT	INDIVIDUAL	Individual			
		Driver JASON G ALT (608) 438-1214	Citations Issued 4	Sex MALE	
			Date of Birth [REDACTED]	Race WHITE	
		Address E2726 BRACE RD LONE ROCK, WI 53556 , US	Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES		
01	001	Safety Equipment		On Duty Crash	
				Safety Equipment	
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	RESTRAINT USE UNKNOWN	
		Helmet Use		Helmet Compliance	
		Eye Protection		Tint Compliance	
		Injury		Injury Severity SUSPECTED MINOR INJURY	Airbag NON DEPLOYED
Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED		
Medical Transport EMS GROUND		EMS Agency Identifier 6000554	EMS Run #		
Hospital UPLAND HILLS HEALTH		Date of Death	Time of Death		
Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)			
Distracted By Action NOT DISTRACTED					

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Form containing sections: Non Motorist, Drug & Alcohol, Violations, and individual unit details (01, 02, 03, 04).

Unit Summary

Unit Summary table with fields: Unit Status, Vehicle Operating As Classification, Unit Type, Vehicle Type, Total Occs, Train/Bus # Recorded, Total # Citations Issued, Total Trailers, Total HazMat Types, Insurance?, Direction Of Travel, Pre Crash Tire Mark, Speed Limit, Total Lanes, Most Harmful Event, Special Function, Emergency Motor Vehicle Use, Traffic Way, Traffic Control, Surface Type, Road Curvature, Road Grade, Truck Bus or HazMat.

Vehicle

Vehicle details table with fields: License Plate Number, Plate Type, St, Country of Issuance.

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SAUK COUNTY SHERIFFS DEPARTMENT
1300 LANGE COURT
BARABOO, WI 53913
(608) 356-4895

Form containing vehicle details: Vehicle Identification Number (1GNFK16387J167780), Make (CHEVROLET), Year (2007), Model (SUBURBAN), Color (BLU - BLUE), Body Style (4D - 4DR), Initial Contact Point (09 - LEFT SIDE MIDDLE), Extent Of Damage (FUNCTIONAL DAMAGE), Towed Due To Damage (NOT TOWED), What Driver Was Doing (LEGALLY PARKED), Driver Prior Action Other (NOT APPLICABLE), Driver Actions (NO CONTRIBUTING ACTION), Owner Name (LAURA A DRUCKREY), Owner Address (630 N CINCINNATI ST, SPRING GREEN, WI 53588, US).

Sequence Of Events

Sequence of events table with columns for Unit, Vehicle, and Event. Events include: 01 PARKED MOTOR VEHICLE, 02 MOTOR VEH IN TRANSPORT, 03 Event, 04 Event.

Policy Holder

Policy holder information: Insurance Company (HANOVER-INS-CO,-THE), Individual (LAURA DRUCKREY).

Unit Summary

Unit summary table for Unit 03, Vehicle (SPORT) UTILITY VEHICLE. Includes fields for Unit Status (LEGALLY PARKED), Vehicle Operating As Classification (D CLASS), Unit Type (AUTOMOBILE), Total Occs (4), Direction Of Travel (NOT ON ROADWAY), Pre Crash Tire Mark, Speed Limit (25), Traffic Control (NO CONTROL), Road Grade (LEVEL).

Vehicle

Vehicle details: License Plate Number (868XFV), Plate Type (AUT - AUTOMOBILE), St (WI), Country of Issuance (UNITED STATES).

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SAUK COUNTY SHERIFFS DEPARTMENT
1300 LANGE COURT
BARABOO, WI 53913
(608) 356-4895

Form containing vehicle information (VIN, Make, Year, Model, Color, Body Style, etc.), driver information (Name, Address, License), sequence of events, and injury details. Includes a diagram of vehicle damage on the right side.

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UNIT INDIVIDUAL	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	
	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				
	Occupant Of Motor Vehicle Not In Transport LUNA P WIZNER		Citations Issued 0	Sex FEMALE	
			Date of Birth [REDACTED]	Race WHITE	
	Address E2630 PORTER RD LONE ROCK, WI 53556 , US		Driver License Number		
	Safety Equipment On Duty Crash				
Safety Equipment CHILD RESTRAINT SYSTEM - FORWARD FACING					
Row 02 - SECOND ROW		Seat Position 07 - LEFT			
Helmet Use		Helmet Compliance			
Eye Protection		Tint Compliance			
UNIT INDIVIDUAL	Injury		Injury Severity NO APPARENT INJURY	Airbag UNKNOWN	
	Ejected UNKNOWN		Ejection Path UNKNOWN	Trapped/Extricated UNKNOWN	
	Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run#	

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UNIT INDIVIDUAL	Hospital		Date of Death		Time of Death	
	Distracted By Distracted By Source					
	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	
03 003	Drug Type					
	Individual Condition APPEARED NORMAL					
	Individual					
	Occupant Of Motor Vehicle Not In Transport OTILLA J WIZNER			Citations Issued 0	Sex FEMALE	
				Date of Birth	Race WHITE	
	Address E2630 PORTER RD LONE ROCK, WI 53556 , US			Driver License Number		
	Safety Equipment		On Duty Crash		Safety Equipment	
	Row 02 - SECOND ROW	Seat Position 08 - MIDDLE	CHILD RESTRAINT SYSTEM - FORWARD FACING			
	Helmet Use			Helmet Compliance		
	Eye Protection			Tint Compliance		
03 004	Injury		Injury Severity NO APPARENT INJURY		Airbag UNKNOWN	
	Ejected UNKNOWN		Ejection Path UNKNOWN		Trapped/Extricated UNKNOWN	
	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	
	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		
UNIT INDIVIDUAL	Individual	
	Occupant Of Motor Vehicle Not In Transport FIONA F WIZNER	Citations Issued 0
		Sex FEMALE
		Date of Birth [REDACTED]
		Race WHITE
	Address E2630 PORTER RD LONE ROCK, WI 53556 , US	Driver License Number
	Safety Equipment	On Duty Crash
	Safety Equipment NONE USED - VEHICLE OCCUPANT	
	Row 03 - THIRD ROW	Seat Position 07 - LEFT
	Helmet Use	
Helmet Compliance		
Eye Protection		
Tint Compliance		
UNIT INDIVIDUAL	Injury	
	Injury Severity SUSPECTED MINOR INJURY	Airbag UNKNOWN
	Ejected UNKNOWN	Ejection Path UNKNOWN
	Trapped/Extricated UNKNOWN	
	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 03 005	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		

Witness

WITN 01 ESS	Individual AMANDA L OLSON (608) 583-2656	Address 526 W UNION ST LONE ROCK, WI 53556 , US	Date of Birth [REDACTED]

Witness

WITN 02 ESS	Individual CHRISTY A WELLER (608) 206-1625	Address 7129 HELENA RD ARENA, WI 53503 , US	Date of Birth [REDACTED]

Witness

WITN 03 ESS	Individual MACKENZIE ELIZABETH BEHRENS (608) 588-2826	Address S13220 SHIFFLET RD SPRING GREEN, WI 53588 , US	Date of Birth [REDACTED]