

6TL0BNZM3K
22-02852

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 22-02852		Investigating Officer/Deputy DEPUTY A. BREUNIG	
Crash Date 03/28/2022		Crash Time 05:28 AM		Date Arrived 03/28/2022		Time Arrived 05:37 AM	
Date Notified 03/28/2022		Time Notified 05:30 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 style="text-align: center;">NOT TO SCALE</p> <hr/> <p style="text-align: center;">USH 12</p>	Reconstruction By
	Photos By A BREUNIG
	Additional Information PHOTOS

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

UNIT 1 WAS TRAVELING SOUTHBOUND ON USH 12. UNIT 1 WAS TRAVELING BEHIND UNIT 2. UNIT 1 ATTEMPTED A PASS IN THE LEFT LANE. IT WAS A LEGAL PASSING AREA. UNIT 1 ATTEMPTED TO MOVE BACK TO THE SOUTHBOUND LANE. UNIT 1 SIDE SWIPED UNIT 2. THE OPERATOR OF UNIT 1 STATED THAT HE THOUGHT IT WAS A 4 LANE HIGHWAY. UNIT 1 OPERATOR STATED HE ATTEMPTED TO MOVED BACK WHEN HE SAW TRAFFIC COMING AT HIM. THE OPERATOR FOR UNIT 2 STATED THAT UNIT 1 WAS PASSING INTO ONCOMING TRAFFIC. THE OPERATOR OF UNIT 2 STATED THAT SHE HAD TO TRAVEL ONTO THE SHOULDER OF THE ROAD WHEN UNIT 1 MOVED BACK TO THE RIGHT.

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Location

ON USH12 EB 0.43 MI N OF USH12 EB IN THE TOWN OF PRAIRIE DU SAC IN SAUK COUNTY	Latitude	Longitude
	43.299215526	-89.759098878
	X Coordinate	Y Coordinate
	276199.46875	4797740
Structure Type		

Crash Scene

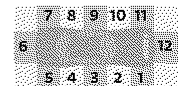
First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 07 - SIDESWIPE/SAME DIRECTION	Light Condition DARK/UNLIT	
Road Surface Condition(s) DRY	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) CLEAR		
Animal Type	Relation To Trafficway 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 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 PASSENGER CAR	Operating As Endorsements			
	Total Occs 2	Train/Bus # Recorded	Total # Citations Issued 2	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel SOUTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	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 VEHICLE 01 01	License Plate Number AEP2389	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1MEHM40W78G617948	Make MERCURY	Year 2008	Model SABLE
	Color RED - RED	Body Style SD - SEDAN		Bus Use
	Initial Contact Point 03 - RIGHT SIDE MIDDLE	Vehicle Damage 03 - RIGHT SIDE MIDDLE		
	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 OVERTAKE LEFT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions IMPROPER OVERTAKING / PASSING LEFT, OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER			
01 01	Owner Name MICHAEL L COONS (608) 844-7347		Owner Address 65 BUNKER RD BARABOO, WI 53913 , US	
	Sequence Of Events			
01 02 03 04	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
UNIT	Policy Holder			
	Insurance Company PROGRESSIVE-UNIVERSAL-INSURANCE-COMP		Individual MICHAEL COONS	
UNIT INDIVIDUAL	Individual			
	Driver MICHAEL L COONS (608) 844-7347		Citations Issued 2	Sex MALE
	Address 65 BUNKER RD BARABOO, WI 53913 , US		Date of Birth [REDACTED]	Race WHITE
			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	SHOULDER & LAP BELT	
	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				

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location		
		Prior Action					
		Action					
		Action Other				To/From School	
01	001	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 A COONS (608) 432-9260			Citations Issued 0	Sex FEMALE	
		Address 65 BUNKER RD BARABOO, WI 53913 , US			Date of Birth [REDACTED]	Race WHITE	
		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES					
		01	002	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			
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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UNIT INDIVIDUAL
Prior Action
Action
Action Other To/From School
Drug & Alcohol Suspected Alcohol Use Suspected Drug Use
Alcohol Test Given Alcohol Test Type Alcohol Test Results
Drug Test Given Drug Test Type Drug Test Results
Drug Type
Individual Condition
Violations
UTC Number Issue To? Statute Number Description
BD756460 001 346.09(1) PASSING INTO ONCOMING TRAFFIC
BD756461 001 344.62(2) OPERATE MOTOR VEHICLE W/O PROOF OF INSURANCE

Unit Summary

UNIT 02
Unit Status Vehicle Operating As Classification Unit Type
IN TRANSIT D CLASS AUTOMOBILE
Vehicle Type Operating As Endorsements
(SPORT) UTILITY VEHICLE
Total Occs Train/Bus # Recorded Total # Citations Issued Total Trailers Total HazMat Types
1 0 0 0 0
Insurance? Direction Of Travel Pre Crash Tire Speed Limit Total Lanes
YES SOUTHBOUND Mark 55 2
Most Harmful Event: Collision With Special Function Emergency Motor Vehicle Use
MOTOR VEH IN TRANSPORT NO SPECIAL FUNCTION NOT APPLICABLE
Traffic Way Traffic Control Traffic Control Inoperative/Missing
TWO-WAY, NOT DIVIDED NO CONTROL NO
Surface Type Road Curvature Road Grade
BLACKTOP (BITUMINOUS) STRAIGHT LEVEL
Truck Bus or HazMat
NO

Vehicle

UNIT 02
License Plate Number Plate Type St Country of Issuance
AHM7070 AUT - AUTOMOBILE WI UNITED STATES
Vehicle Identification Number Make Year Model
3GNKBHRSXKS591883 CHEVROLET 2019 BLAZER
Color Body Style Bus Use
BLK - BLACK UT - SPORT UTILITY VEHICLE
Initial Contact Point
08 - LEFT SIDE REAR

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UNIT VEHICLE	Vehicle Damage		7 8 9 10 11 5 4 3 2 1
	Extent Of Damage	08 - LEFT SIDE REAR	
	FUNCTIONAL DAMAGE		
	Towed Due To Damage	Vehicle Removed By	
UNIT VEHICLE	NOT TOWED	OPERATOR	
UNIT VEHICLE	What Driver Was Doing	Vehicle Factors	
	GOING STRAIGHT	NOT APPLICABLE	
UNIT VEHICLE	Driver Prior Action Other		
	Driver Actions	NO CONTRIBUTING ACTION	
02 02	Owner Name	Owner Address	
	STEVEN HENRY MILLER (608) 415-2678	E6923 CHADWICK RD REEDSBURG, WI 53959 , US	
Sequence Of Events			
02 01	Event	MOTOR VEH IN TRANSPORT	
	Event		
	Event		
	Event		
02 03	Policy Holder		
	Insurance Company	Individual	
02 04	STATE-FARM-GENERAL-INS-CO	STEVEN MILLER	
	Individual		
UNIT INDIVIDUAL	Driver	Citations Issued	Sex
	JULIE ANN MILLER (608) 415-2678	0	FEMALE
		Date of Birth	Race
			WHITE
UNIT INDIVIDUAL	Address	Driver License Number	
	E6923 CHADWICK RD REEDSBURG, WI 53959 , US	STATE: WISCONSIN COUNTRY: UNITED STATES	
02 003	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		
02 003	Injury		Airbag
	NO APPARENT INJURY		NON DEPLOYED
02 003	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 02 003	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		