

6TL0D6N02N
22-04007

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 22-04007		Investigating Officer/Deputy DEPUTY B. STODDARD	
Crash Date 05/03/2022		Crash Time 11:55 AM		Date Arrived 05/03/2022		Time Arrived 12:03 PM	
Date Notified 05/03/2022		Time Notified 11:59 AM		Total Units 02		Total Injured 01	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>	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 WAS WEST ON LOG LODGE CT WAITING TO TURN LEFT/SOUTH ONTO CTH BD. UNIT 2 WAS NORTHBOUND ON CTH BD. UNIT 1 ATTEMPTED TO TURN BUT MISJUDGED UNIT 2'S LOCATION. UNIT 2 ATTEMPTED TO AVOID STRIKING UNIT 1. UNIT 2 COLLIDED WITH UNIT 1.

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Location

INTERSECTION ON CTHBD NB AT LOG LODGE CT IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY	Latitude 43.480056104	Longitude -89.769569269
	X Coordinate 276017.59375	Y Coordinate 4817853
	Structure Type	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	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 PARTIAL CONTROL	Special Study
Within Interchange Area NO	Junction Location INTERSECTION	Intersection Type T-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 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 45	Total Lanes 4
	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/O TRAFFIC BARRIER	Traffic Control STOP SIGN	Traffic Control Inoperative/Missing NO		
	Surface Type CONCRETE	Road Curvature STRAIGHT	Road Grade LEVEL		
	Truck Bus or HazMat NO				

Vehicle

UNIT VEHICLE 01 01	License Plate Number AMT6804	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1G1ZE5ST1GF314656	Make CHEVROLET	Year 2016	Model MALIBU
	Color BLK - BLACK	Body Style SD - SEDAN	Bus Use	
	Initial Contact Point 09 - LEFT SIDE MIDDLE	Vehicle Damage 09 - LEFT 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 LEFT TURN	Vehicle Factors	
	Driver Prior Action Other	NOT APPLICABLE	
	Driver Actions FAILED TO YIELD RIGHT-OF-WAY		
01 01	Owner Name DANIEL RUSSELL HAYES (920) 219-1046	Owner Address 588 ANN ST COLUMBUS, WI 53925 , US	
	Sequence Of Events		
01 02 03 04	Event MOTOR VEH IN TRANSPORT		
	Event		
	Event		
	Event		
UNIT	Policy Holder		
	Insurance Company PROGRESSIVE-ADVANCED-INSURANCE-CO	Individual DANIEL HAYES	
UNIT INDIVIDUAL	Individual		
	Driver DANIEL RUSSELL HAYES (920) 219-1046	Citations Issued 0	Sex MALE
		Date of Birth [REDACTED]	Race WHITE
	Address 588 ANN ST COLUMBUS, WI 53925 , 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 DEPLOYED-CURTAIN
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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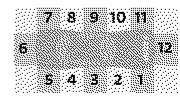
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UNIT INDIVIDUAL	Non Motorist		Striking Unit #	Location	
	Prior Action				
	Action				
	Action Other			To/From School	
	Drug & Alcohol		Suspected Alcohol Use NO	Suspected Drug Use NO	
	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	Alcohol Test Results	
	Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Results	
	Drug Type				
	Individual Condition APPEARED NORMAL				

Unit Summary

UNIT 02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type (SPORT) UTILITY VEHICLE				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 NORTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 45	Total Lanes 4	
	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/O TRAFFIC BARRIER		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type CONCRETE		Road Curvature STRAIGHT		Road Grade UPHILL	
	Truck Bus or HazMat NO					

UNIT VEHICLE 02 02	Vehicle				
	License Plate Number 673WDB		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 3CZR06H31LM715619		Make HONDA	Year 2020	Model HR-V
	Color BLK - BLACK		Body Style UT - SPORT UTILITY VEHICLE		Bus Use
	Initial Contact Point 01 - RIGHT FRONT CORNER		Vehicle Damage 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 12 - FRONT		
	Extent Of Damage FUNCTIONAL DAMAGE		Towed Due To Damage NOT TOWED		



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UNIT	What Driver Was Doing GOING STRAIGHT	Vehicle Factors	
	Driver Prior Action Other	NOT APPLICABLE	
VEHICLE	Driver Actions NO CONTRIBUTING ACTION		
	Owner Name DENNIS PETER SAGER (414) 239-0843	Owner Address 3326 S LENOX ST MILWAUKEE, WI 53207 , US	
02	Sequence Of Events		
01	Event	MOTOR VEH IN TRANSPORT	
	Event		
	Event		
	Event		
02	Policy Holder		
	Insurance Company STATE-FARM-GENERAL-INS-CO	Individual DENNIS SAGER	
03	Individual		
	Driver DENNIS PETER SAGER (414) 239-0843	Citations Issued 0	Sex MALE
		Date of Birth [REDACTED]	Race WHITE
	Address 3326 S LENOX ST MILWAUKEE, WI 53207 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
04	Safety Equipment		Safety Equipment
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT
	Helmet Use		Helmet Compliance
	Eye Protection		Tint Compliance
002	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	EMS Run #
Hospital		Date of Death	Time of Death
Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)	
Distracted By Action		NOT DISTRACTED	
Non Motorist		Striking Unit #	Location

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UNIT INDIVIDUAL	Prior Action		
	Action		
	Action Other		To/From School
02 002	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		
	Passenger KATHLEEN MARIE SAGER (414) 239-0843	Citations Issued 0	Sex FEMALE
	Date of Birth [REDACTED]	Race WHITE	
02 003	Address 3326 S LENOX ST MILWAUKEE, WI 53207 , US	Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES	
	Safety Equipment	On Duty Crash	Safety Equipment SHOULDER & LAP BELT
	Row 01 - FRONT ROW	Seat Position 09 - RIGHT	Helmet Compliance
Eye Protection	Tint Compliance		
02 003	Injury	Injury Severity POSSIBLE 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	
Prior Action			

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UNIT INDIVIDUAL 02 003	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		