

6TL0D6N02Q  
22-04262

# 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 <b>22-04262</b>	Investigating Officer/Deputy <b>DEPUTY B. STODDARD</b>	
Crash Date <b>05/11/2022</b>		Crash Time <b>07:11 AM</b>	Date Arrived <b>05/11/2022</b>	Time Arrived <b>07:20 AM</b>	
Date Notified <b>05/11/2022</b>		Time Notified <b>07:11 AM</b>	Total Units <b>02</b>	Total Injured <b>00</b>	Total Killed <b>00</b>
<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 <b>NO</b>		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

## Description

Diagram 	Reconstruction By
	Photos By
	Additional Information <b>NONE</b>

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

UNIT 1 WAS NORTHBOUND EXITING THE DRIVEWAY AT E9165 N. REEDSBURG RD. UNIT 2 WAS EASTBOUND ON N. REEDSBURG RD. UNIT 1 OPERATOR DID NOT SEE UNIT 2. UNIT 1 STRUCK UNIT 2. UNIT 2 OPERATOR ATTEMPTED TO AVOID THE COLLISION BY SWERVING TO THE NORTH.

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## Location

ON N REEDSBURG RD 890 FT E OF COON BLUFF RD IN THE TOWN OF EXCELSIOR IN SAUK COUNTY	Latitude 43.540188741	Longitude -89.863946837
	X Coordinate 268614.71875	Y Coordinate 4824790
	Structure Type NO STRUCTURE	

## Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>01 - ANGLE</b>	Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>		
Weather Condition(s) <b>CLEAR</b>		
Animal Type	Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>	Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land	Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>

## Unit Summary

UNIT 01	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>AUTOMOBILE</b>		
	Vehicle Type <b>PASSENGER CAR</b>	Operating As Endorsements			
	Total Occs <b>2</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>YES</b>	Direction Of Travel <b>NORTHBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>45</b>	Total Lanes <b>2</b>
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>	Special Function <b>NO SPECIAL FUNCTION</b>	Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>		
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>	Traffic Control <b>NO CONTROL</b>	Traffic Control Inoperative/Missing <b>NO</b>		
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>	Road Curvature <b>STRAIGHT</b>	Road Grade <b>LEVEL</b>		
	Truck Bus or HazMat <b>NO</b>				

## Vehicle

UNIT VEHICLE 01	License Plate Number <b>654KGC</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>JF2SHADC5CG407157</b>	Make <b>SUBARU</b>	Year <b>2012</b>	Model <b>FORESTER</b>
	Color <b>GRN - GREEN</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>	Bus Use	
	Initial Contact Point <b>12 - FRONT</b>	Vehicle Damage <b>01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT</b>		
	Extent Of Damage <b>FUNCTIONAL DAMAGE</b>			



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UNIT VEHICLE	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>	
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>LOOKED BUT DID NOT SEE</b>			
01 01	Owner Name <b>KADEN ALLEN STELLING (608) 495-4283</b>		Owner Address <b>S4717 PRAIRIEVIEW DR REEDSBURG, WI 53959 , US</b>	
	<b>Sequence Of Events</b>			
01 02 03 04	Event <b>MOTOR VEH IN TRANSPORT</b>			
	Event			
	Event			
	Event			
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>USAA-CASUALTY-INS-CO</b>		Individual <b>KADEN STELLING</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>KADEN ALLEN STELLING (608) 495-4283</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
	Date of Birth [REDACTED]		Race <b>WHITE</b>	
	Address <b>S4717 PRAIRIEVIEW DR REEDSBURG, WI 53959 , US</b>		Driver License Number [REDACTED] <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
01 001	<b>Safety Equipment</b>		On Duty Crash	
	Safety Equipment		<b>SHOULDER &amp; LAP BELT</b>	
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	Helmet Compliance	
	Helmet Use		Tint Compliance	
	Eye Protection		Airbag <b>NON DEPLOYED</b>	
<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Trapped/Extricated <b>NOT TRAPPED</b>	
Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		EMS Agency Identifier
Medical Transport <b>NOT TRANSPORTED</b>		Date of Death		EMS Run #
Hospital		Time of Death		
<b>Distracted By</b>		Distracted By Source		
Distracted By Action <b>UNKNOWN</b>				

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<b>UNIT</b>	<b>INDIVIDUAL</b>	<b>Non Motorist</b>		Striking Unit #	Location		
		Prior Action					
		Action					
		Action Other				To/From School	
<b>01</b>	<b>001</b>	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>		
		Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type	Alcohol Test Results		
		Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type	Drug Test Results		
		Drug Type					
		Individual Condition <b>APPEARED NORMAL</b>					
		<b>Individual</b>					
		Passenger <b>ISABELLE J MOORE</b> (608) 404-6049		Citations Issued <b>0</b>	Sex <b>FEMALE</b>	Date of Birth [REDACTED]	
Address <b>E9165 N REEDSBURG RD</b> <b>REEDSBURG, WI 53959 , US</b>		Driver License Number					
<b>UNIT</b>	<b>INDIVIDUAL</b>	<b>Safety Equipment</b>		On Duty Crash	Safety Equipment		
		Row <b>01 - FRONT ROW</b>	Seat Position <b>09 - RIGHT</b>	<b>SHOULDER &amp; LAP BELT</b>			
		Helmet Use		Helmet Compliance			
		Eye Protection		Tint Compliance			
		<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>		
<b>01</b>	<b>002</b>	Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>			
		Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #		
		Hospital		Date of Death	Time of Death		
		<b>Distracted By</b>					
Distracted By Source							
Distracted By Action							
<b>UNIT</b>	<b>INDIVIDUAL</b>	<b>Non Motorist</b>		Striking Unit #	Location		

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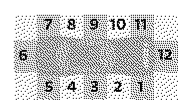
UNIT INDIVIDUAL	Prior Action	
	Action	
	Action Other	
	To/From School	
	<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>
	Suspected Drug Use <b>NO</b>	
	Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type
	Alcohol Test Results	
	Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type
	Drug Test Results	
01 002	Drug Type	
	Individual Condition	
	<b>APPEARED NORMAL</b>	

Unit Summary

UNIT 02	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>PASSENGER CAR</b>				Operating As Endorsements	
	Total Occs <b>3</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>EASTBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>45</b>	Total Lanes <b>2</b>	
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>			Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>			Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>			Road Curvature <b>STRAIGHT</b>		Road Grade <b>DOWNHILL</b>
	Truck Bus or HazMat <b>NO</b>					

Vehicle

UNIT VEHICLE 02 02	License Plate Number <b>113JLP</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>3GNCA23BX9S544148</b>		Make <b>CHEVROLET</b>	Year <b>2009</b>	Model <b>HHR 1LT</b>
	Color <b>BLU - BLUE</b>		Body Style <b>LL - CARRYALL</b>		Bus Use
	Initial Contact Point <b>01 - RIGHT FRONT CORNER</b>		Vehicle Damage		
	Extent Of Damage <b>DISABLING DAMAGE</b>		<b>01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE, 12 - FRONT</b>		
	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>STEVES AUTO SERVICE</b>		
	What Driver Was Doing <b>GOING STRAIGHT</b>				



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UNIT VEHICLE	Vehicle Factors	
	Driver Prior Action Other	NOT APPLICABLE
	Driver Actions NO CONTRIBUTING ACTION	
02	Owner Name JANET LYNN FLATH (608) 393-8038	Owner Address S2768 GOLF COURSE RD REEDSBURG, WI 53959 , US
	<b>Sequence Of Events</b>	
01 02 03 04	Event MOTOR VEH IN TRANSPORT	
	Event	
	Event	
	Event	
UNIT	<b>Policy Holder</b>	
	Insurance Company AMERICAN-FAMILY-INS-CO	Individual JANET FLATH
UNIT INDIVIDUAL	<b>Individual</b>	
	Driver JANET LYNN FLATH (608) 393-8038	Citations Issued 0
		Sex FEMALE
		Date of Birth [REDACTED]
	Address S2768 GOLF COURSE RD REEDSBURG, WI 53959 , US	Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES
02	<b>Safety Equipment</b>	
	On Duty Crash	Safety Equipment
	Row 01 - FRONT ROW	Seat Position 07 - LEFT
	SHOULDER & LAP BELT	
	Helmet Use	Helmet Compliance
Eye Protection	Tint Compliance	
003	<b>Injury</b>	
	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
<b>Distracted By</b>		
Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		
Distracted By Action NOT DISTRACTED		
<b>Non Motorist</b>		
Striking Unit#	Location	

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UNIT INDIVIDUAL	Prior Action		
	Action		
	Action Other		To/From School
02 003	<b>Drug &amp; Alcohol</b>	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		
	<b>Individual</b>		
UNIT INDIVIDUAL	Passenger ISAAC R FLATH (608) 393-8038	Citations Issued 0	Sex MALE
	Date of Birth [REDACTED]	Race WHITE	
	Address S2768 GOLF COURSE RD REEDSBURG, WI 53959 , US	Driver License Number	
	<b>Safety Equipment</b>	On Duty Crash	Safety Equipment SHOULDER & LAP BELT
02 004	Row 02 - SECOND ROW	Seat Position 07 - LEFT	Helmet Compliance
	Eye Protection	Tint Compliance	
	<b>Injury</b>	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
<b>Distracted By</b>	Distracted By Source		
Distracted By Action			
<b>Non Motorist</b>	Striking Unit #	Location	
Prior Action			

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UNIT	INDIVIDUAL	Action			
		Action Other		To/From School	
02	004	<b>Drug &amp; Alcohol</b>	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			
		<b>Individual</b>			
		Passenger CAIDEN E FLATH (608) 393-8038		Citations Issued 0	Sex MALE
				Date of Birth [REDACTED]	Race WHITE
		Address S2768 GOLF COURSE RD REEDSBURG, WI 53959 , US		Driver License Number	
		<b>Safety Equipment</b>	On Duty Crash	Safety Equipment	
Row 02 - SECOND ROW	Seat Position 09 - RIGHT	SHOULDER & LAP BELT			
Helmet Use		Helmet Compliance			
Eye Protection		Tint Compliance			
02	005	<b>Injury</b>	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
		<b>Distracted By</b>			
		Distracted By Source			
		Distracted By Action			
		<b>Non Motorist</b>	Striking Unit #	Location	
Prior Action					



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UNIT INDIVIDUAL          02 005	Action		
	Action Other		To/From School
	<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>
	Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type	Alcohol Test Results
	Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results
	Drug Type		
	Individual Condition <b>APPEARED NORMAL</b>		