

6TL0C22XX3  
22-04380

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 22-04380		Investigating Officer/Deputy DEPUTY A. WILCOX	
Crash Date 05/15/2022		Crash Time 12:42 AM		Date Arrived 05/15/2022		Time Arrived 12:49 AM	
Date Notified 05/15/2022		Time Notified 12:42 AM		Total Units 02		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 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

Diagram		Reconstruction By	
<p>Bunker Dr.</p> <p>CTH A</p> <p>Not to scale</p>		Photos By	
		Additional Information NONE	

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

UNIT 2 OPERATOR TURN RIGHT ONTO CTH A FROM BUNKER DRIVE AND WAS HEADING SOUTHBOUND ON CTH A. UNIT 01 OPERATOR WAS HEADING SOUNDBOUND ON CTH A. UNIT 01 STRUCK THE REAR END OF UNIT 02. UNIT 01 THEN WENT AROUND UNIT 02 AND WENT INTO THE DITCH ON THE RIGHT SIDE OF THE ROAD. UNIT 01 HAD HEAVY FRONT END DAMAGE AND WAS REMOVED BY CRAIGS TOWING. UNIT 02 HAD HEAVY REAR END DAMAGE AND WAS REMOVED BY CRAIGS TOWING.

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Location

ON CTHA SB 713 FT S OF BUNKER DR IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude 43.566361061	Longitude -89.738608965
	X Coordinate 278837.28125	Y Coordinate 4827355.5
	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>03 - FRONT TO REAR</b>	Light Condition <b>DARK/UNLIT</b>	
Road Surface Condition(s) <b>DRY</b>	Roadway Factor(s)	
Environment Factor(s) <b>NONE</b>	NONE	
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>(SPORT) UTILITY VEHICLE</b>				Operating As Endorsements	
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>2</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>SOUTHBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>55</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 01	License Plate Number <b>AKR8310</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>1FM5K8GT5FGB30429</b>	Make <b>FORD</b>	Year <b>2015</b>	Model <b>EXPLORER</b>
	Color <b>BLK - BLACK</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, 11 - LEFT FRONT CORNER, 12 - FRONT</b>		
	Extent Of Damage <b>DISABLING DAMAGE</b>			

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UNIT VEHICLE	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>CRAIGS TOWING</b>	
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>FOLLOWING TOO CLOSE</b>			
01	Owner Name <b>EVERETT LEE MENORE (608) 667-6157</b>		Owner Address <b>1008 WEST ST BARABOO, WI 53913 , US</b>	
	<b>Sequence Of Events</b>			
01	01	Event <b>MOTOR VEH IN TRANSPORT</b>		
	02	Event <b>RUN OFF ROADWAY RIGHT</b>		
	03	Event <b>DITCH</b>		
	04	Event		
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>PROGRESSIVE-CLASSIC-INS-CO</b>		Individual <b>EVERETT MENORE</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>EVERETT LEE MENORE (608) 667-6157</b>		Citations Issued <b>2</b>	Sex <b>MALE</b>
	Address <b>1008 WEST ST BARABOO, WI 53913 , US</b>		Date of Birth [REDACTED]	Race <b>AMERICAN INDIAN OR ALASKAN NATIVE</b>
	Driver License Number [REDACTED]		<b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
01	<b>Safety Equipment</b>		On Duty Crash	
	Safety Equipment		[REDACTED]	
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</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>DEPLOYED-FRONT</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 <b>NOT APPLICABLE (NOT DISTRACTED)</b>		
Distracted By Action <b>NOT DISTRACTED</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>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>YES</b>		Suspected Drug Use <b>YES</b>	
	Alcohol Test Given <b>TEST GIVEN</b>		Alcohol Test Type <b>BLOOD</b>		Alcohol Test Results <b>PENDING</b>	
	Drug Test Given <b>TEST GIVEN</b>		Drug Test Type <b>BLOOD</b>		Drug Test Results <b>CANCELLED PER POSITIVE ALCOHOL RESULT</b>	
	Drug Type					
	Individual Condition  <b>UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ ALCOHOL</b>					
	<b>Violations</b>					
<b>01</b>	<b>001</b>	UTC Number <b>BC936499</b>	Issue To? <b>001</b>	Statute Number <b>346.63(2)(a)1</b>	Description <b>CAUSE INJURY/OPERATE WHILE UNDER INFLUENCE 1ST</b>	
		UTC Number <b>BC936500</b>	Issue To? <b>001</b>	Statute Number <b>346.14(1m)</b>	Description <b>AUTOMOBILE FOLLOWING TOO CLOSELY</b>	

### Unit Summary

<b>UNIT</b>	<b>02</b>	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>			
		Vehicle Type <b>(SPORT) UTILITY VEHICLE</b>					Operating As Endorsements		
		Total Occs <b>3</b>		Train/Bus # Recorded		Total # Citations Issued <b>0</b>		Total Trailers <b>0</b>	
		Insurance? <b>YES</b>		Direction Of Travel <b>SOUTHBOUND</b>		<input type="checkbox"/> Pre Crash Tire Mark		Speed Limit <b>55</b>	
		Total HazMat Types <b>0</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>							
		<b>Vehicle</b>							
		<b>02</b>	<b>02</b>	License Plate Number <b>AND9437</b>		Plate Type <b>AUT - AUTOMOBILE</b>		St <b>WI</b>	
Country of Issuance <b>UNITED STATES</b>				Vehicle Identification Number <b>1FMCU9D73AKB43118</b>		Make <b>FORD</b>			
Year <b>2010</b>				Model <b>ESCAPE</b>		Color <b>SIL - SILVER (ALUMINUM)</b>			
Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use							

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UNIT VEHICLE	Initial Contact Point <b>06 - REAR</b>		Vehicle Damage <b>05 - RIGHT REAR CORNER, 06 - REAR, 07 - LEFT REAR CORNER</b>		
	Extent Of Damage <b>DISABLING DAMAGE</b>				
	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>CRAIGS TOWING</b>		
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors <b>NOT APPLICABLE</b>		
UNIT VEHICLE	Driver Prior Action Other				
	Driver Actions <b>NO CONTRIBUTING ACTION</b>				
UNIT VEHICLE	Owner Name <b>SINAYA G GEELAN (720) 661-9993</b>		Owner Address <b>1212 WARREN ST BARABOO, WI 53913 , US</b>		
	<b>Sequence Of Events</b>				
UNIT VEHICLE	Event <b>MOTOR VEH IN TRANSPORT</b>				
	Event				
	Event				
	Event				
UNIT VEHICLE	<b>Policy Holder</b>				
	Insurance Company <b>USAA-CASUALTY-INS-CO</b>		Individual <b>SINAYA GEELAN</b>		
UNIT INDIVIDUAL	<b>Individual</b>				
	Driver <b>SINAYA GRACE GEELAN (720) 661-9993</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
			Date of Birth [REDACTED]	Race <b>WHITE</b>	
	Address <b>1212 WARREN ST BARABOO, WI 53913 , US</b>		Driver License Number [REDACTED] <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
UNIT INDIVIDUAL	<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 Use		Helmet Compliance		
	Eye Protection		Tint Compliance		
UNIT INDIVIDUAL	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>		Airbag <b>NON DEPLOYED</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

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UNIT INDIVIDUAL	<b>Distracted By</b> Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>	
	Distracted By Action <b>NOT DISTRACTED</b>	
	<b>Non Motorist</b>	Striking Unit # Location
	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		
Drug Type		
Individual Condition <b>APPEARED NORMAL</b>		
<b>Individual</b>		
Passenger <b>WADE W ZEMANOVIE</b>	Citations Issued <b>0</b>	
	Sex <b>MALE</b>	
	Date of Birth [REDACTED]	
	Race <b>WHITE</b>	
Address <b>503 1ST STREET BARABOO, WI 53913 , US</b>	Driver License Number	
<b>Safety Equipment</b>	On Duty Crash	
	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
Row <b>01 - FRONT ROW</b>	Seat Position <b>09 - RIGHT</b>	
Helmet Use	Helmet Compliance	
Eye Protection	Tint Compliance	
<b>Injury</b>	Injury Severity <b>SUSPECTED MINOR INJURY</b>	
	Airbag <b>NON DEPLOYED</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	

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UNIT INDIVIDUAL	Distracted By Action		
	<b>Non Motorist</b>		
	Striking Unit #	Location	
	Prior Action		
	Action		
	Action Other		To/From School
	<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			
UNIT INDIVIDUAL	<b>Individual</b>		
	Passenger ROBERT L MEEKER (608) 477-6227	Citations Issued 0	Sex MALE
		Date of Birth [REDACTED]	Race
	Address 318 LISA CT BARABOO, WI 53913 , US	Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES	
	<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	
UNIT INDIVIDUAL	<b>Injury</b>		
	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 6000123	EMS Run#
	Hospital ST CLARE'S HOSPITAL	Date of Death	Time of Death
	<b>Distracted By</b>		
Distracted By Source			
Distracted By Action			

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UNIT INDIVIDUAL          02 004	<b>Non Motorist</b>		Striking Unit #	Location		
	Prior Action					
	Action					
	Action Other				To/From School	
	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use NO	Suspected Drug Use NO		
	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>					