

6TL09XQZ40  
22-04295

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 22-04295		Investigating Officer/Deputy DEPUTY I. GALVAN	
Crash Date 05/12/2022		Crash Time 12:03 PM		Date Arrived 05/12/2022		Time Arrived 12:17 PM	
Date Notified 05/12/2022		Time Notified 12:05 PM		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

Diagram		Reconstruction By
		Photos By ISAAC GALVAN
		Additional Information PHOTOS

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

UNIT 1 AND UNIT 2 BOTH TRAVELING EASTBOUND. UNIT 1 CLAIMS TO HAVE PUT HIS BLINKER TO TURN LEFT INTO A CEMETERY. UNIT 2 FOLLOWING CLAIMS TO HAVE NOT SEEN A BLINKER AND PROCEEDED TO OVER TAKE ON THE LEFT SIDE. UNIT 1 STRUCK UNIT 2 ON THE REAR PASSENGER SIDE TIRE AREA. UNIT 1 PULLED IN TO CEMETERY DRIVEWAY AND UNIT 2 PULLED OVER TO THE SIDE OF THE ROAD. NO INJURIES REPORTED. BOTH VEHICLES REMOVED BY OWNERS.

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Location

Table with 3 columns: Address (ON STH60 EB, 701 FT E, OF USH14 EB, IN THE TOWN OF SPRING GREEN, IN SAUK COUNTY), Latitude (43.189701798), Longitude (-90.067597667), X Coordinate (250728.0625), Y Coordinate (4786450.5), Structure Type (NO STRUCTURE)

Crash Scene

Table with 4 columns: First Harmful Event (MOTOR VEH IN TRANSPORT), First Harmful Event Location (ON ROADWAY), Manner of Collision (07 - SIDESWIPE/SAME DIRECTION), Light Condition (DAYLIGHT), 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

Table with 5 columns: 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 (EASTBOUND), 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

Table with 4 columns: License Plate Number (167KCS), Plate Type (AUT - AUTOMOBILE), St (WI), Country of Issuance (UNITED STATES), Vehicle Identification Number (1G4PR5SK7C4153113), Make (BUICK), Year (2012), Model (VERANO CON), Color (BLK - BLACK), Body Style (4D - 4DR), Bus Use, Initial Contact Point (10 - LEFT SIDE FRONT), Vehicle Damage (10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER), Extent Of Damage (FUNCTIONAL DAMAGE)



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UNIT VEHICLE	Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OWNER</b>	
	What Driver Was Doing <b>LEFT TURN</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>HAROLD J CARLEY (608) 425-0826</b>	Owner Address <b>110 E MADISON ST DODGEVILLE, WI 53533 , 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>AMERICAN-FAMILY-INS-CO</b>	Individual <b>HAROLD CARLEY</b>	
UNIT INDIVIDUAL	<b>Individual</b>		
	Driver <b>HAROLD J CARLEY (608) 425-0826</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>
		Date of Birth [REDACTED]	Race <b>WHITE</b>
	Address <b>110 E MADISON ST DODGEVILLE, WI 53533 , 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 Use		Helmet Compliance
	Eye Protection		Tint Compliance
<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
<b>Distracted By</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>	
Distracted By Action <b>NOT DISTRACTED</b>			

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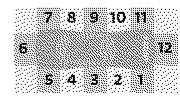
SAUK COUNTY SHERIFFS DEPARTMENT  
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<b>UNIT INDIVIDUAL</b>	<b>Non Motorist</b>		Striking Unit #	Location	
	Prior Action				
	Action				
	Action Other			To/From School	
	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO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

### Unit Summary

<b>UNIT 02</b>	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>1</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>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>					

<b>UNIT VEHICLE 02 02</b>	<b>Vehicle</b>					
	License Plate Number <b>599ZDN</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
	Vehicle Identification Number <b>1FMCU9GD1HUC08242</b>		Make <b>FORD</b>	Year <b>2017</b>	Model <b>ESCAPE</b>	
	Color <b>GRY - GRAY</b>		Body Style <b>4D - 4DR</b>		Bus Use	
	Initial Contact Point <b>04 - RIGHT SIDE REAR</b>		Vehicle Damage			
	Extent Of Damage <b>FUNCTIONAL DAMAGE</b>		<b>04 - RIGHT SIDE REAR</b>			
	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OWNER</b>			



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UNIT	What Driver Was Doing <b>OVERTAKE LEFT</b>	Vehicle Factors	
	Driver Prior Action Other	<b>NOT APPLICABLE</b>	
VEHICLE	Driver Actions <b>LOOKED BUT DID NOT SEE</b>		
	Owner Name <b>JEFFREY A WARDELL (608) 206-1095</b>	Owner Address <b>214 WOOD ST UNIT 7 BELMONT, WI 53510 , US</b>	
02	<b>Sequence Of Events</b>		
01	Event	<b>MOTOR VEH IN TRANSPORT</b>	
	Event		
	Event		
	Event		
02	<b>Policy Holder</b>		
	Insurance Company <b>STATE-FARM-GENERAL-INS-CO</b>	Individual <b>JEFFREY WARDELL</b>	
INDIVIDUAL	<b>Individual</b>		
	Driver <b>JEFFREY A WARDELL (608) 206-1095</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>
		Date of Birth [REDACTED]	Race <b>WHITE</b>
	Address <b>214 WOOD ST UNIT 7 BELMONT, WI 53510 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
02	<b>Safety Equipment</b>		Safety Equipment
	On Duty Crash	<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	
002	<b>Injury</b>		Airbag
	Injury Severity <b>NO APPARENT INJURY</b>	<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 <b>NOT APPLICABLE (NOT DISTRACTED)</b>		
	Distracted By Action <b>NOT DISTRACTED</b>		
	<b>Non Motorist</b>		
	Striking Unit #	Location	

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UNIT INDIVIDUAL          02 002	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>		