

6TL0D6N02T  
22-04296

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 22-04296	Investigating Officer/Deputy DEPUTY B. STODDARD	
Crash Date 05/12/2022		Crash Time 12:10 PM	Date Arrived 05/12/2022	Time Arrived 01:06 PM	
Date Notified 05/12/2022		Time Notified 12:40 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 type="checkbox"/> Reportable	Crash Type DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash	

Description

<p>Diagram</p> <p>CTH H</p> <p>Golf Course Rd</p> <p>U2</p> <p>U1</p> <p>STOP</p> <p>Not to Scale</p>	Reconstruction By
	Photos By B. STODDARD
	Additional Information NONE, PHOTOS

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

UNIT 2 WAS NORTHBOUND ON CTH H. UNIT 1 WAS NORTHBOUND ON GOLF COURSE RD. UNIT 1 WAS TURNING RIGHT ONTO CTH H. UNIT 1 OPERATOR DID NOT SEE UNIT 2. UNIT 1 TURNED IN FRONT OF UNIT 2. UNIT 2 OPERATOR STATED SHE SLAMMED ON HER BRAKES. UNIT 2'S FRONT DRIVER'S SIDE STRUCK UNIT 1'S REAR DRIVER'S SIDE. UNIT 1 OPERATOR ISSUED WRITTEN WARNING FOR FYR FROM STOP SIGN.



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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>RIGHT 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>THEODORE R CRARY (608) 963-3262</b>	Owner Address <b>S3678 SCHNEIDER RD REEDSBURG, WI 53959 , US</b>	
<b>Sequence Of Events</b>				
01	01	Event <b>MOTOR VEH IN TRANSPORT</b>		
02	02	Event		
03	03	Event		
04	04	Event		
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>WEST-BEND-MUTUAL-INS-CO</b>	Individual <b>THEODORE CRARY</b>		
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>EMMA RENEE CRARY (608) 963-3262</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
		Date of Birth [REDACTED]	Race <b>WHITE</b>	
	Address <b>S3678 SCHNEIDER RD 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	
	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>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>Distracted By Action</b> <b>UNKNOWN</b>				

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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>NOT OBSERVED</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>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>CURVE LEFT</b>		Road Grade <b>DOWNHILL</b>	
	Truck Bus or HazMat <b>NO</b>					

<b>UNIT VEHICLE 02 02</b>	<b>Vehicle</b>				
	License Plate Number <b>ALU7466</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>1B3EL46XX6N288051</b>		Make <b>DODGE</b>	Year <b>2006</b>	Model <b>STRATUS</b>
	Color <b>RED - RED</b>		Body Style <b>SD - SEDAN</b>		Bus Use
	Initial Contact Point <b>02 - RIGHT SIDE FRONT</b>		Vehicle Damage <b>01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT</b>		
	Extent Of Damage <b>MINOR DAMAGE</b>				
	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>		

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UNIT VEHICLE	What Driver Was Doing <b>NEGOTIATING CURVE</b>	Vehicle Factors		
	Driver Prior Action Other	<b>NOT APPLICABLE</b>		
	Driver Actions <b>NO CONTRIBUTING ACTION</b>			
	Owner Name <b>SAVANNAH J WHITE (608) 415-9899</b>	Owner Address <b>2019 VIKING DR REEDSBURG, WI 53959 , US</b>		
UNIT VEHICLE	<b>Sequence Of Events</b>			
	Event <b>MOTOR VEH IN TRANSPORT</b>			
	Event			
	Event			
UNIT VEHICLE	Event			
	Event			
	Event			
	Event			
UNIT VEHICLE	<b>Policy Holder</b>			
	Insurance Company <b>PROGRESSIVE-ADVANCED-INSURANCE-CO</b>	Individual <b>SAVANNAH WHITE</b>		
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>SAVANNAH J WHITE (608) 415-9899</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
		Date of Birth [REDACTED]	Race <b>WHITE</b>	
	Address <b>2019 VIKING DR REEDSBURG, WI 53959 , US</b>	Driver License Number [REDACTED] <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
UNIT INDIVIDUAL	<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		
UNIT INDIVIDUAL	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 #	
UNIT INDIVIDUAL	Hospital	Date of Death	Time of Death	
	<b>Distracted By</b>	Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>		
	<b>Distracted By Action</b>	<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>		