

6TL0D0GSJK
22-04636

WISCONSIN MOTOR VEHICLE CRASH REPORT

SAUK COUNTY SHERIFFS DEPARTMENT
1300 LANGE COURT
BARABOO, WI 53913
(608) 356-4895

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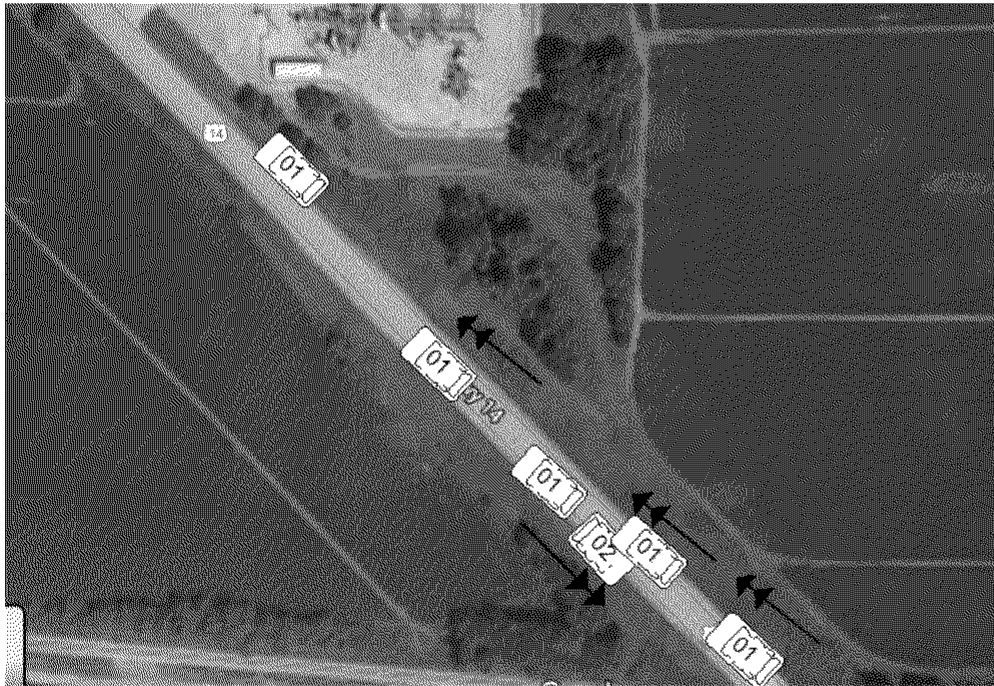
Document Number Override		Primary Crash Document#		Agency Crash Number 22-04636		Investigating Officer/Deputy DEPUTY G. AKERS	
Crash Date 05/21/2022		Crash Time 09:05 PM		Date Arrived 05/21/2022		Time Arrived 09:11 PM	
Date Notified 05/21/2022		Time Notified 09:08 PM		Total Units 02		Total Injured 02	Total Killed 00
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input checked="" 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



Unit 1 crossed the center line, side swiping unit 2. No injuries.



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 TRAVELING WEST BOUND WHEN IT CROSSED THE CENTER LINE THEN SIDE SWIPED UNIT 2 WHICH WAS TRAVELING EAST BOUND. DRIVER 1 WAS FOUND TO BE INTOXICATED AND CHARGED WITH DUI 1ST. NO INJURIES FROM THE ACCIDENT. SOUTH BOUND LANES WERE CLOSED FOR ACCIDENT INVESTIGATION AND CLEAN UP. BOTH VEHICLE TOWED FROM THE SCENE BY GEORGES.

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Location

ON USH14 WB 0.42 MI S OF RAINBOW RD IN THE TOWN OF SPRING GREEN IN SAUK COUNTY	Latitude 43.17516622	Longitude -90.049923183
	X Coordinate 252105.5	Y Coordinate 4784783.5
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 06 - SIDESWIPE/OPPOSITE DIRECTION		Light Condition DARK/UNLIT	
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 NO CONTROL	Special Study
Within Interchange Area NO	Junction Location NON-JUNCTION	Intersection Type NOT AN INTERSECTION	
Closure Type LANE CLOSURE		Reasons for Closure LAW ENFORCEMENT, TOW TRUCK	
Date Initial Lane/Rd Closed 05/21/2022	Time Initial Lane/Rd Closed 09:13 PM		
Date All Lanes Open 05/21/2022	Time All Lanes Open 10:03 PM	Date Scene Cleared 05/21/2022	Time Scene Cleared 10:22 PM

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 3	Total Trailers 0	Total HazMat Types 0	
	Insurance? NO	Direction Of Travel WESTBOUND	<input type="checkbox"/> 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 HILLCREST	
	Truck Bus or HazMat NO					

Vehicle

01 01	License Plate Number AFW6263		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number KNAGE123275110488		Make KIA MOTORS CORPORAT	Year 2007	Model OPTIMA

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Form with multiple sections: UNIT VEHICLE (Color, Body Style, Initial Contact Point, etc.), UNIT VEHICLE (Driver Actions, Owner Name, etc.), Sequence Of Events (Event, Event, Event), Individual (Driver, Citations Issued, Sex, etc.), Safety Equipment (On Duty Crash, Row, Seat Position, etc.), Injury (Injury Severity, Airbag, Ejected, etc.), Medical Transport, Hospital.

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	Distracted By Distracted By Source NOT APPLICABLE (NOT DISTRACTED)				
	Distracted By Action NOT DISTRACTED				
	Non Motorist	Striking Unit # Location			
	Prior Action				
	Action				
	Action Other To/From School				
	Drug & Alcohol	Suspected Alcohol Use YES Suspected Drug Use NO			
	Alcohol Test Given TEST GIVEN	Alcohol Test Type BLOOD Alcohol Test Results PENDING			
	Drug Test Given TEST NOT GIVEN	Drug Test Type Drug Test Results			
	Drug Type				
Individual Condition UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ ALCOHOL					
Violations					
01	001	UTC Number BG023901 Issue To? 001 Statute Number 346.63(1)(a) Description OPERATING WHILE UNDER THE INFLUENCE			
02	001	UTC Number BG023902 Issue To? 001 Statute Number 346.05(1) Description OPERATING LEFT OF CENTER			
03	001	UTC Number BG023904 Issue To? 001 Statute Number 343.05(3)(a) Description OPERATE W/O VALID LICENSE (1ST VIOLATION)			
Unit Summary					
UNIT	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS	Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR		Operating As Endorsements		
	Total Occs 5	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> 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 HILLCREST	
	Truck Bus or HazMat NO				
	Vehicle				

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02	UNIT	License Plate Number AEP6011	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 1C4RJFBT1HC759362	Make JEEP	Year 2017	Model GRAND CHER
02	VEHICLE	Color WHI - WHITE	Body Style UT - SPORT UTILITY VEHICLE	Bus Use	
		Initial Contact Point 10 - LEFT SIDE FRONT	Vehicle Damage 08 - LEFT SIDE REAR, 09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT		
02	VEHICLE	Extent Of Damage DISABLING DAMAGE			
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By GEORGES AUTO BODY		
02	VEHICLE	What Driver Was Doing GOING STRAIGHT	Vehicle Factors		
		Driver Prior Action Other	NOT APPLICABLE		
02	UNIT	Driver Actions NO CONTRIBUTING ACTION			
		Owner Name AMY JO PETERSON (608) 225-3661	Owner Address 101 MEADOW ST ARENA, WI 53503 , US		

Sequence Of Events

02	UNIT	01	Event MOTOR VEH IN TRANSPORT
		02	Event CROSS CENTERLINE
		03	Event
		04	Event

Policy Holder

02	UNIT	Insurance Company IMT-INS-CO	Individual AMY PETERSON
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Individual

02	INDIVIDUAL	Driver JORJA ANNE PAILING	Citations Issued 0	Sex FEMALE
			Date of Birth [REDACTED]	Race WHITE
		Address 101 MEADOW ST ARENA, WI 53503 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	

Safety Equipment

02	UNIT	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

02	UNIT	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED
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UNIT INDIVIDUAL	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	
	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 INDIVIDUAL	Individual			
	Passenger ANDREW FRANK KORENCHAN	Citations Issued 0	Sex MALE	
		Date of Birth [REDACTED]	Race WHITE	
	Address 132 US HIGHWAY 14 ARENA, WI 53503 , US		Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES	
	Safety Equipment		On Duty Crash	
Row 01 - FRONT ROW	Seat Position 09 - RIGHT	SHOULDER & LAP BELT		
Helmet Use		Helmet Compliance		
Eye Protection		Tint Compliance		
UNIT INDIVIDUAL	Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED	
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED	

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UNIT INDIVIDUAL	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			
	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 INDIVIDUAL	Individual			
	Passenger ANN MARIE KORENCHAN (608) 583-3012		Citations Issued 0	Sex FEMALE
	Address 132 US HIGHWAY 14 ARENA, WI 53503 , US		Date of Birth [REDACTED]	Race WHITE
			Driver License Number [REDACTED]	STATE: WISCONSIN COUNTRY: UNITED STATES
UNIT INDIVIDUAL	Safety Equipment		On Duty Crash	
			Safety Equipment	
	Row 02 - SECOND ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	Injury		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#	

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UNIT INDIVIDUAL	Hospital		Date of Death		Time of Death	
	Distracted By Distracted By Source					
	Distracted By Action					
	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	
02 004 UNIT INDIVIDUAL	Drug Type					
	Individual Condition APPEARED NORMAL					
	Individual					
	Passenger AMY JO PETERSON (608) 225-3661			Citations Issued 0	Sex FEMALE	
				Date of Birth	Race WHITE	
	Address 101 MEADOW ST ARENA, WI 53503 , US			Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
	Safety Equipment		On Duty Crash		Safety Equipment	
	Row 02 - SECOND ROW	Seat Position 08 - MIDDLE	SHOULDER & LAP BELT			
	Helmet Use			Helmet Compliance		
	Eye Protection			Tint Compliance		
02 005	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	

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UNIT INDIVIDUAL	Distracted By Distracted By Source	
	Distracted By Action	
	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 INDIVIDUAL	Individual	
	Passenger KYLIE M PAILING	Citations Issued 0
		Sex FEMALE
		Date of Birth [REDACTED]
		Race WHITE
	Address 101 MEADOW ST ARENA, WI 53503 , US	Driver License Number
	Safety Equipment	On Duty Crash
	Safety Equipment CHILD RESTRAINT SYSTEM - FORWARD FACING	
	Row 02 - SECOND ROW	Seat Position 09 - RIGHT
	Helmet Use	
Helmet Compliance		
Eye Protection		
Tint Compliance		
UNIT INDIVIDUAL	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	

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UNIT INDIVIDUAL 02 006	Distracted By Action		
	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		