

6TL0CVRP4B
22-05355

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 22-05355	Investigating Officer/Deputy SERGEANT B. LUBER	
Crash Date 06/08/2022		Crash Time 05:08 PM	Date Arrived 06/08/2022	Time Arrived 05:13 PM	
Date Notified 06/08/2022		Time Notified 05:12 PM	Total Units 02	Total Injured 01	Total Killed 00
<input type="checkbox"/> On Emergency	<input checked="" 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

<p>Diagram</p>	Reconstruction By
	Photos By SGT. B. LUBER #11
	Additional Information PHOTOS

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

ON THE ABOVE DATE AND TIME I WAS DISPATCHED TO A HIT AND RUN CRASH THAT OCCURRED AT THE INTERSECTION OF LINN ST AND WEST MULBERRY. I MADE CONTACT WITH THE OPERATOR OF UNIT 1, WHO WAS IDENTIFIED BY HIS WI DL. OPERATOR OF UNIT 1 STATED THAT HE WAS GOING TO TURN LEFT ONTO WEST MULBERRY FROM LINN. WHILE WAITING TO MAKE THE TURN HE WAS STRUCK IN THE REAR BY A SILVER SEDAN UNKNOWN MAKE MODEL YEAR. UNIT 2 DID NOT STOP. I OBSERVED DAMAGE TO THE REAR OF UNIT 1. POSSIBLE INJURIES REPORTED FOR OPERATOR OF UNIT 1. SUSPECT IS NOT IDENTIFIED AT THIS TIME. CANVASS OF AREA SURVEIALNCE COMPLETED AND DOCUMENTED IN A SUPPLEMENTAL REPORT. PHOTOS TAKEN OF DAMAGE AND UPLOADED TO ICF.

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Location

ON LINN ST/ STH33 WB 15 FT E OF MULBERRY ST IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY	Latitude 43.474800739	Longitude -89.766990019
	X Coordinate 276206.78125	Y Coordinate 4817262.5
	Structure Type	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 03 - FRONT TO REAR	Light Condition DAYLIGHT	
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 INTERSECTION	Intersection Type FOUR-WAY INTERSECTION

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 0	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 25	Total Lanes 4
	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

UNIT VEHICLE 01	License Plate Number 920XLG	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1HGCM56706A071805	Make HONDA	Year 2006	Model ACCORD
	Color SIL - SILVER (ALUMINUM)	Body Style SD - SEDAN	Bus Use	
	Initial Contact Point 99 - UNKNOWN	Vehicle Damage 05 - RIGHT REAR CORNER, 06 - REAR, 07 - LEFT REAR CORNER		
Extent Of Damage FUNCTIONAL DAMAGE				

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UNIT VEHICLE	Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR		
	What Driver Was Doing LEFT TURN	Vehicle Factors		
	Driver Prior Action Other	NOT APPLICABLE		
	Driver Actions NO CONTRIBUTING ACTION			
01 01	Owner Name BRACKEN BRENT GARY (608) 495-3252	Owner Address 144 KELLIE MARIE CT REEDSBURG, WI 53959 , US		
	Sequence Of Events			
01 02 03 04	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
UNIT	Policy Holder			
	Insurance Company PROGRESSIVE-CASUALTY-INS-CO	Individual MELISA GARY		
UNIT INDIVIDUAL	Individual			
	Driver BRACKEN BRENT GARY (608) 495-3252	Citations Issued 0	Sex MALE	
		Date of Birth [REDACTED]	Race WHITE	
	Address 144 KELLIE MARIE CT REEDSBURG, WI 53959 , US	Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES		
01 001	Safety Equipment		On Duty Crash	
			Safety Equipment	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	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 NOT APPLICABLE (NOT DISTRACTED)		
Distracted By Action NOT DISTRACTED				

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UNIT INDIVIDUAL 01 001	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 Summary

UNIT 02	Unit Status HIT AND RUN		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? UNKNOWN	Direction Of Travel UNKNOWN	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit	Total Lanes 4	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT			Special Function UNKNOWN		Emergency Motor Vehicle Use UNKNOWN
	Traffic Way UNKNOWN			Traffic Control UNKNOWN		Traffic Control Inoperative/Missing UNKNOWN
	Surface Type UNKNOWN			Road Curvature UNKNOWN		Road Grade UNKNOWN
	Truck Bus or HazMat NO					

UNIT VEHICLE 02 02	Vehicle				
	License Plate Number		Plate Type	St	Country of Issuance
	Vehicle Identification Number		Make	Year	Model
	Color		Body Style		Bus Use
	Initial Contact Point 99 - UNKNOWN		Vehicle Damage		
	Extent Of Damage VEHICLE NOT AT SCENE		16 - VEHICLE NOT AT SCENE		
Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR			



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UNIT	What Driver Was Doing		Vehicle Factors			
	Driver Prior Action Other		UNKNOWN			
VEHICLE	Driver Actions UNKNOWN					
	Owner Name		Owner Address			
02	02					
Sequence Of Events						
UNIT	01	Event MOTOR VEH IN TRANSPORT				
	02	Event				
	03	Event				
	04	Event				
Individual						
UNIT	INDIVIDUAL	Driver		Citations Issued 0	Sex	
		Address		Date of Birth	Race	
		Driver License Number				
UNIT	INDIVIDUAL	Safety Equipment		On Duty Crash		
				Safety Equipment		
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	RESTRAINT USE UNKNOWN		
		Helmet Use		Helmet Compliance		
		Eye Protection		Tint Compliance		
		Injury		Injury Severity NO APPARENT INJURY	Airbag NOT APPLICABLE	
UNIT	INDIVIDUAL	Ejected NOT APPLICABLE		Ejection Path NOT EJECTED/NOT APPLICABLE		
		Trapped/Extricated NOT APPLICABLE				
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #
		Hospital		Date of Death		Time of Death
UNIT	INDIVIDUAL	Distracted By				
		Distracted By Source				
Distracted By Action						
UNIT	INDIVIDUAL	Non Motorist		Striking Unit #		
				Location		
Prior Action						

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02 002 UNIT INDIVIDUAL	Action		
	Action Other		To/From School
	Drug & Alcohol	Suspected Alcohol Use	Suspected Drug Use
	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 NOT OBSERVED		