

6TL0D7W15K

22-08052

# 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 22-8052		Investigating Officer/Deputy DEPUTY K. MUELLER	
Crash Date 08/15/2022		Crash Time 03:25 PM		Date Arrived 08/15/2022		Time Arrived 03:25 PM	
Date Notified 08/15/2022		Time Notified 03:25 PM		Total Units 02		Total Injured 01	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

<p>Diagram</p>	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 TURNING LEFT WHILE HAVING A FLASHING YELLOW TURN SIGNAL. UNIT 1 TURNED LEFT AS UNIT 2 WAS DRIVING STRAIGHT THROUGH THE INTERSECTION, FAILING TO YIELD TO THE VEHICLE GOING STRAIGHT.

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## Location

ON LINN ST/ STH33 WB 42 FT E OF STH136 WB IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY	Latitude	Longitude
	43.474792017	-89.768594892
	X Coordinate	Y Coordinate
	276076.9375	4817265.5
Structure Type		
NO STRUCTURE		

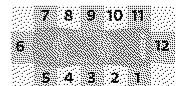
## Crash Scene

First Harmful Event	First Harmful Event Location	
MOTOR VEH IN TRANSPORT	ON ROADWAY	
Manner of Collision	Light Condition	
01 - ANGLE	DAYLIGHT	
Road Surface Condition(s)	Roadway Factor(s)	
DRY	NONE	
Environment Factor(s)		
Weather Condition(s)		
CLEAR		
Animal Type	Relation To Trafficway	
	TRAFFICWAY - ON ROAD	
Crash Classification - Location	Crash Classification - Jurisdiction	
PUBLIC PROPERTY	NO SPECIAL JURISDICTION	
Tribal Land	Access Control	Special Study
	NO CONTROL	
Within Interchange Area	Junction Location	Intersection Type
NO	INTERSECTION	FOUR-WAY INTERSECTION

## Unit Summary

01 UNIT	Unit Status	Vehicle Operating As Classification		Unit Type	
	IN TRANSIT	D CLASS		AUTOMOBILE	
	Vehicle Type	Operating As Endorsements			
	(SPORT) UTILITY VEHICLE				
	Total Occs	Train/Bus # Recorded	Total # Citations Issued	Total Trailers	Total HazMat Types
	1		1	0	0
	Insurance?	Direction Of Travel	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit	Total Lanes
	YES	SOUTHBOUND		35	4
01 UNIT	Most Harmful Event: Collision With		Special Function		Emergency Motor Vehicle Use
	MOTOR VEH IN TRANSPORT		NO SPECIAL FUNCTION		NOT APPLICABLE
	Traffic Way		Traffic Control		Traffic Control Inoperative/Missing
	TWO-WAY, DIVIDED, UNPROTECTED (PAINTED > 4		TRAFFIC SIGNAL		NO
	Surface Type		Road Curvature		Road Grade
BLACKTOP (BITUMINOUS)		STRAIGHT		LEVEL	
Truck Bus or HazMat					
NO					

01 UNIT VEHICLE	Vehicle			
	License Plate Number	Plate Type	St	Country of Issuance
	AFN5234	AUT - AUTOMOBILE	WI	UNITED STATES
	Vehicle Identification Number	Make	Year	Model
	3C4PDCBG0GT1717326	DODGE	2016	JOURNEY
	Color	Body Style	Bus Use	
SIL - SILVER (ALUMINUM)	UT - SPORT UTILITY VEHICLE			
Initial Contact Point	Vehicle Damage			
03 - RIGHT SIDE MIDDLE	02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE, 04 - RIGHT SIDE REAR			
Extent Of Damage				
DISABLING DAMAGE				



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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>LEFT TURN</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>FAILED TO YIELD RIGHT-OF-WAY</b>			
01 01	Owner Name <b>LINDA ELAINE ZARA (989) 423-9325</b>		Owner Address <b>1420 WALNUT ST # 7 BARABOO, WI 53913 , US</b>	
	<b>Sequence Of Events</b>			
01 02 03 04	Event <b>LEFT TURN</b>			
	Event <b>MOTOR VEH IN TRANSPORT</b>			
	Event			
	Event			
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>GEICO-GENERAL-INS-CO</b>		Individual <b>LINDA ZARA</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>LINDA ELAINE ZARA (989) 423-9325</b>		Citations Issued <b>1</b>	Sex <b>FEMALE</b>
	Date of Birth <b>[REDACTED]</b>		Race <b>WHITE</b>	
	Address <b>1420 WALNUT ST # 7 BARABOO, WI 53913 , US</b>		Driver License Number <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>POSSIBLE INJURY</b>	Airbag <b>DEPLOYED-SIDE</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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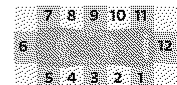
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UNIT INDIVIDUAL 01 001	<b>Non Motorist</b>		Striking Unit #	Location	
	Prior Action				
	Action				
	Action Other				
	To/From School				
	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use NO	Suspected Drug Use NO	
	Alcohol Test Given <b>TEST NOT GIVEN</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>				
<b>Violations</b>					
01	UTC Number <b>BG111369</b>		Issue To? <b>001</b>	Statute Number <b>346.18(2)</b>	Description <b>FAIL/YIELD WHILE MAKING LEFT TURN</b>

## Unit Summary

UNIT 02	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>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"/> <b>Pre Crash Tire Mark</b>	Speed Limit <b>35</b>	Total Lanes <b>4</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, DIVIDED, UNPROTECTED (PAINTED &gt; 4</b>		Traffic Control <b>TRAFFIC SIGNAL</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>					

02 02	<b>Vehicle</b>					
	License Plate Number <b>AHE5448</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
	Vehicle Identification Number <b>2FMPK4K88HBB89599</b>		Make <b>FORD</b>	Year <b>2017</b>	Model <b>EDGE</b>	
	Color <b>BLU - BLUE</b>		Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use	
	Initial Contact Point <b>01 - RIGHT FRONT CORNER</b>					



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UNIT VEHICLE	Extent Of Damage <b>FUNCTIONAL DAMAGE</b>		Vehicle Damage <b>01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 12 - FRONT</b>	
	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>	
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
UNIT VEHICLE	Driver Actions <b>NO CONTRIBUTING ACTION</b>			
	Owner Name <b>WILLIAM G BRUEGGEMAN (608) 346-0175</b>		Owner Address <b>440 MAXWELL ST BARABOO, WI 53913 , US</b>	
UNIT VEHICLE	<b>Sequence Of Events</b>			
	Event <b>MOTOR VEH IN TRANSPORT</b>			
	Event			
	Event			
UNIT VEHICLE	Event			
	Event			
	<b>Policy Holder</b>			
	Insurance Company <b>PROGRESSIVE-CLASSIC-INS-CO</b>		Individual <b>WILLIAM BRUEGGEMAN</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>WILLIAM G BRUEGGEMAN (608) 346-0175</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
	Date of Birth <b>[REDACTED]</b>		Race <b>WHITE</b>	
	Address <b>440 MAXWELL ST BARABOO, WI 53913 , US</b>		Driver License Number <b>[REDACTED]</b> <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
UNIT INDIVIDUAL	<b>Safety Equipment</b>		On Duty Crash	
	Row <b>01 - FRONT ROW</b>		Seat Position <b>07 - LEFT</b>	
	Helmet Use		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
	Eye Protection		Helmet Compliance	
UNIT INDIVIDUAL	Tint Compliance		Airbag <b>NOT APPLICABLE</b>	
	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	
	Ejected <b>NOT APPLICABLE</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	
	Trapped/Extricated <b>NOT APPLICABLE</b>		Medical Transport <b>NOT TRANSPORTED</b>	
UNIT INDIVIDUAL	EMS Agency Identifier		EMS Run #	
	Hospital		Date of Death	
UNIT INDIVIDUAL	Time of Death		Time of Death	

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UNIT INDIVIDUAL 02 002	<b>Distracted By</b>		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)	
	Distracted By Action NOT DISTRACTED			
	<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, NOT OBSERVED				