

6TL0CX0QB1
22-09087

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 22-09087		Investigating Officer/Deputy DEPUTY I. HANSON	
Crash Date 09/10/2022		Crash Time 02:04 PM		Date Arrived 09/10/2022		Time Arrived 02:33 PM	
Date Notified 09/10/2022		Time Notified 02:07 PM		Total Units 02		Total Injured 02	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 HANSON	
		Additional Information PHOTOS	

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

UNIT 2 WAS NORTH ON STH 23 TRAVELING BETWEEN 55-60 MPH. UNIT 2 WAS ALSO NORTH ON STH 23 TRAVELING BEHIND UNIT 2. UNIT 2 STATED THE WERE STRUCK BY UNIT 1 FROM BEHIND WHILE TRAVELING AT ROAD SPEED. BOTH VEHICLES WERE IN MOTION AT ROAD SPEED AT TIME OF IMPACT. IT SHOULD BE NOTED THAT UNIT 1 WAS PREVIOUSLY INVOLVED IN ANOTHER TRAFFIC CRASH WHERE HE FLED THE SCENE ABOUT 1 MILE AWAY 10 MINUTES PRIOR. IT IS SUSPECTED THAT UNIT 1 WAS TRAVELING AT A HIGH RATE OF SPEED. ALSO IN THIS REPORT THE SUSPECTED ALCOHOL AND DRUG USE/TESTING ARE MARKED IN THIS REPORT HOWEVER THE OWI PORTION WAS HANDLED BY DEPUTY GALVAN REGARDING THE HIT AND RUN ACCIDENT. LASTLY IT SHOULD BE NOTED THAT UNIT 1 DID STOP AND REMAIN AT THE ACCIDENT SCENE UNTIL LAW ENFORCEMENT ARRIVED. 9109

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Location

ON STH23 WB 992 FT S OF CTHWC NB IN THE TOWN OF SPRING GREEN IN SAUK COUNTY	Latitude 43.215031441	Longitude -90.073036194
	X Coordinate 250389.484375	Y Coordinate 4789280
	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) WET	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

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 1	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel NORTHBOUND	<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 CURVE LEFT	Road Grade HILLCREST		
	Truck Bus or HazMat NO				

Vehicle

UNIT VEHICLE 01	License Plate Number AHN6303	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 3FA6P0T98ER248767	Make FORD	Year 2014	Model FUSION
	Color SIL - SILVER (ALUMINUM)	Body Style SD - SEDAN	Bus Use	
	Initial Contact Point 12 - FRONT	Vehicle Damage		
	Extent Of Damage MINOR DAMAGE	12 - FRONT		



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UNIT VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By GEORGES AUTO BODY	
	What Driver Was Doing NEGOTIATING CURVE	Vehicle Factors	
	Driver Prior Action Other	NOT APPLICABLE	
	Driver Actions SPEED TOO FAST/COND, FOLLOWING TOO CLOSE		
01 01	Owner Name ROSS RICHARD JOHANNING (608) 333-8732	Owner Address 925 WESTBROOK DR PLAIN, WI 53577 , US	
	Sequence Of Events		
01 02 03 04	Event MOTOR VEH IN TRANSPORT		
	Event		
	Event		
	Event		
UNIT	Policy Holder		
	Insurance Company PROGRESSIVE-ADVANCED-INSURANCE-CO	Individual ROSS JOHANNING	
UNIT INDIVIDUAL	Individual		
	Driver ROGAN RICHARD JOHANNING (608) 333-8732	Citations Issued 1	Sex MALE
		Date of Birth [REDACTED]	Race WHITE
	Address 925 WESTBROOK DR PLAIN, WI 53577 , 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 NO APPARENT INJURY	Airbag DEPLOYED-FRONT
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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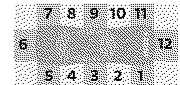
UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location	
		Prior Action				
		Action				
	Action Other					To/From School
	Drug & Alcohol		Suspected Alcohol Use YES		Suspected Drug Use YES	
	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type		Alcohol Test Results	
	Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results	
	Drug Type					
	Individual Condition		UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ ALCOHOL			
	01	001	Violations			
UTC Number BG022718			Issue To? 001	Statute Number 346.14(1m)	Description AUTOMOBILE FOLLOWING TOO CLOSELY	

Unit Summary

UNIT	02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE			
		Vehicle Type (SPORT) UTILITY VEHICLE					Operating As Endorsements		
		Total Occs 2		Train/Bus # Recorded		Total # Citations Issued 0		Total Trailers 0	
		Insurance? YES		Direction Of Travel NORTHBOUND		<input type="checkbox"/> Pre Crash Tire Mark		Speed Limit 55	
		Total HazMat Types 0		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 CURVE LEFT		Road Grade HILLCREST			
		Truck Bus or HazMat NO							

Vehicle

02	02	License Plate Number GEE751		Plate Type AUT - AUTOMOBILE		St IA		Country of Issuance UNITED STATES	
		Vehicle Identification Number 5TDJKRFHXS140806		Make TOYOTA		Year 2015		Model TOYOTA	
		Color WHI - WHITE		Body Style 4D - 4DR				Bus Use	
		Initial Contact Point 06 - REAR							



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UNIT VEHICLE	Vehicle Damage	
	Extent Of Damage FUNCTIONAL DAMAGE	06 - REAR
	Towed Due To Damage NOT TOWED	Vehicle Removed By OWNER
	What Driver Was Doing GOING STRAIGHT	Vehicle Factors
UNIT VEHICLE	Driver Prior Action Other	NOT APPLICABLE
	Driver Actions NO CONTRIBUTING ACTION	
	Owner Name JAMES LOWELL STEWART (859) 319-4083	Owner Address 606 TORY LN MARION, IA 52302 , US
	Sequence Of Events	
UNIT VEHICLE	Event MOTOR VEH IN TRANSPORT	
	Event	
	Event	
	Event	
UNIT VEHICLE	Policy Holder	
	Insurance Company ALLSTATE-INS-CO	Individual JAMES STEWART
UNIT INDIVIDUAL	Individual	
	Driver JAMES LOWELL STEWART (859) 319-4083	Citations Issued 0
		Sex MALE
		Race WHITE
	Date of Birth [REDACTED]	
	Address 606 TORY LN MARION, IA 52302 , US	Driver License Number STATE: IOWA COUNTRY: UNITED STATES
UNIT INDIVIDUAL	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
UNIT INDIVIDUAL	Injury	
	Injury Severity SUSPECTED MINOR INJURY	Airbag NON DEPLOYED
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE
	Trapped/Extricated NOT TRAPPED	
Medical Transport NOT TRANSPORTED		EMS Agency Identifier
Hospital		EMS Run#
Date of Death		Time of Death

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UNIT INDIVIDUAL	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		
Individual		
Passenger SHARLYN S STEWART (859) 319-4083	Citations Issued 0	
	Sex FEMALE	
	Date of Birth [REDACTED]	
	Race WHITE	
Address 606 TORY LN MARION, IA 52302 , US	Driver License Number 119BB2017 STATE: IOWA COUNTRY: UNITED STATES	
Safety Equipment	On Duty Crash	
	Safety Equipment SHOULDER & LAP BELT	
Row 01 - FRONT ROW	Seat Position 09 - RIGHT	
Helmet Use	Helmet Compliance	
Eye Protection	Tint Compliance	
Injury	Injury Severity SUSPECTED MINOR 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 02 003	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		