

6TL09XQZ4J
22-08892

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 22-08892	Investigating Officer/Deputy DEPUTY I. GALVAN	
Crash Date 09/05/2022		Crash Time 01:40 PM	Date Arrived 09/05/2022	Time Arrived 01:53 PM	
Date Notified 09/05/2022		Time Notified 01:41 PM	Total Units 03	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 checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

Diagram 	Reconstruction By
	Photos By ISAAC GALVAN
	Additional Information PHOTOS

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

UNIT 3 WAS SLOWING OR STOPPING ON USH 12 BETWEEN CTH PF AND CTH Z DUE TO HEAVY TRAFFIC CONGESTION. UNIT 2 WAS TRAVELING BEHIND UNIT 3. UNIT 1 WAS TRAVELING BEHIND UNIT 2. UNIT 1 LOOKED BUT DID NOT SEE UNIT 2 SLOWING/STOPPING. UNIT 1 STRUCK UNIT 2 WHICH STRUCK UNIT 3. NO INJURIES WERE REPORTED. UNIT 1 WAS TOWED BY EVERETT'S TOWING.

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Location

ON USH12 EB 0.73 MI S OF USH12 EB IN THE TOWN OF PRAIRIE DU SAC IN SAUK COUNTY	Latitude 43.304196097	Longitude -89.759137714
	X Coordinate 276214.59375	Y Coordinate 4798293.5
	Structure Type NO STRUCTURE	

Crash Scene

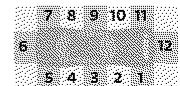
First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 03 - FRONT TO REAR	Light Condition DAYLIGHT	
Road Surface Condition(s) DRY	Roadway Factor(s) BACKUP DUE TO REGULAR CONGESTION	
Environment Factor(s) NONE		
Weather Condition(s) CLEAR		
Animal Type	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 2	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 LEVEL		
	Truck Bus or HazMat NO				

Vehicle

UNIT VEHICLE 01	License Plate Number DG16035	Plate Type AUT - AUTOMOBILE	St IL	Country of Issuance UNITED STATES
	Vehicle Identification Number JM1GJ1W54F1200516	Make MAZDA	Year 2015	Model MAZADA6
	Color WHI - WHITE	Body Style 4D - 4DR	Bus Use	
	Initial Contact Point 12 - FRONT	Vehicle Damage 01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT		
	Extent Of Damage DISABLING DAMAGE			



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UNIT VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By EVERETTS TOWING		
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors		
	Driver Prior Action Other		NOT APPLICABLE		
	Driver Actions FOLLOWING TOO CLOSE, LOOKED BUT DID NOT SEE				
01	01	Owner Name EMILY MARIE LAWRENCE (815) 520-4742		Owner Address 235 SANDHURST DR ROCKTON, IL 61072 , US	
		Sequence Of Events			
01	01	Event MOTOR VEH IN TRANSPORT			
		Event			
		Event			
		Event			
UNIT	01	Policy Holder			
		Insurance Company LIBERTY-MUTUAL-INS-CO	Individual SALLY LAWRENCE		
UNIT	INDIVIDUAL	Individual			
		Driver EMILY MARIE LAWRENCE (815) 520-4742	Citations Issued 0	Sex FEMALE	
			Date of Birth	Race WHITE	
		Address 235 SANDHURST DR ROCKTON, IL 61072 , US	Driver License Number STATE: ILLINOIS 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 EXTERNAL (TO VEHICLE/NON-MOTORIST AREA)			
Distracted By Action		OTHER ACTION (LOOKING AWAY FROM TASK ETC)			

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location		
		Prior Action					
		Action					
		Action Other				To/From School	
01	001	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 MCKENZIE ELIZABETH KOCH (815) 742-6727			Citations Issued 0	Sex FEMALE	
		Address 7188 BARGATE DR SOUTH BELOIT, IL 61080 , US			Date of Birth	Race WHITE	
		Driver License Number			STATE: ILLINOIS COUNTRY: UNITED STATES		
		Safety Equipment		On Duty Crash	Safety Equipment		
Row 01 - FRONT ROW	Seat Position 09 - RIGHT	SHOULDER & LAP BELT					
Helmet Use		Helmet Compliance					
Eye Protection		Tint Compliance					
01	002	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					
Distracted By Action							
Non Motorist		Striking Unit #	Location				

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UNIT	INDIVIDUAL	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	
01	002	Drug Test Given TEST NOT GIVEN	
		Drug Test Type	
		Drug Test Results	
		Drug Type	
		Individual Condition APPEARED NORMAL	

Unit Summary

UNIT	02	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 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 LEVEL			
		Truck Bus or HazMat NO							

Vehicle

UNIT	VEHICLE	02	02	License Plate Number BN53499		Plate Type AUT - AUTOMOBILE		St IL		Country of Issuance UNITED STATES					
				Vehicle Identification Number JF2GTHMC9MH211036				Make SUBARU		Year 2021		Model CROSTREK			
				Color BLU - BLUE				Body Style 4H - HATCHBACK 4 DOOR				Bus Use			
				Initial Contact Point 06 - REAR				Vehicle Damage 05 - RIGHT REAR CORNER, 06 - REAR, 07 - LEFT REAR CORNER							
				Extent Of Damage FUNCTIONAL DAMAGE											
				Towed Due To Damage NOT TOWED				Vehicle Removed By OWNER							
				What Driver Was Doing SLOW/STOPPING											

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UNIT VEHICLE	Vehicle Factors	
	Driver Prior Action Other	NOT APPLICABLE
	Driver Actions NO CONTRIBUTING ACTION	
02	Owner Name JACOB B ADILI (773) 681-4564	Owner Address 7078 N WOLCOTT AVE APT 2 CHICAGO, IL 60626 , US
	Sequence Of Events	
01 02 03 04	Event	MOTOR VEH IN TRANSPORT
	Event	
	Event	
	Event	
UNIT	Policy Holder	
	Insurance Company ERIE-INSURANCE-EXCHANGE	Individual JACOB ADILI
UNIT INDIVIDUAL	Individual	
	Driver JACOB B ADILI (773) 681-4564	Citations Issued 0
		Sex MALE
		Race WHITE
	Address 7078 N WOLCOTT AVE APT 2 CHICAGO, IL 60626 , US	Driver License Number STATE: ILLINOIS COUNTRY: UNITED STATES
02 003	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	
02 003	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
Hospital	EMS Run#	
	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	

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UNIT	INDIVIDUAL	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	
02	003	Drug Test Given TEST NOT GIVEN	
		Drug Test Type	
		Drug Test Results	
		Drug Type	
		Individual Condition APPEARED NORMAL	

Unit Summary

UNIT	03	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE			
		Vehicle Type PASSENGER CAR				Operating As Endorsements			
		Total Occs 2		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 LEVEL			
		Truck Bus or HazMat NO							

Vehicle

UNIT	VEHICLE	03	03	License Plate Number CB23278		Plate Type AUT - AUTOMOBILE		St IL		Country of Issuance UNITED STATES					
				Vehicle Identification Number 1G2ZG57N194120479		Make PONTIAC		Year 2009		Model G6					
				Color BLK - BLACK		Body Style 4D - 4DR				Bus Use					
				Initial Contact Point 06 - REAR		Vehicle Damage									
				Extent Of Damage MINOR DAMAGE		06 - REAR									
				Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR									
				What Driver Was Doing SLOW/STOPPING											

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UNIT VEHICLE	Vehicle Factors	
	Driver Prior Action Other	NOT APPLICABLE
	Driver Actions NO CONTRIBUTING ACTION	
03	Owner Name PAUL J WEDIGE (815) 238-8902	Owner Address 414 SHUMWAY ST LENA, IL 61048 9218, US
	Sequence Of Events	
01 02 03 04	Event MOTOR VEH IN TRANSPORT	
	Event	
	Event	
	Event	
UNIT	Policy Holder	
	Insurance Company STATE-FARM-GENERAL-INS-CO	Individual TAYLOR WEDIGE
UNIT INDIVIDUAL	Individual	
	Driver TAYLOR N WEDIGE (815) 821-4902	Citations Issued 0
		Sex FEMALE
		Date of Birth [REDACTED]
	Address 1477 IL ROUTE 75 N FREEPORT, IL 61032 , US	Driver License Number [REDACTED] STATE: ILLINOIS COUNTRY: UNITED STATES
03 004	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
03 004	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
Hospital	EMS Run#	
	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	

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UNIT INDIVIDUAL	Prior Action		
	Action		
	Action Other		To/From School
03 004	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 BRIAN M GOEBEL (608) 214-4844	Citations Issued 0	Sex MALE
	Date of Birth [REDACTED]	Race	
	Address 1477 IL ROUTE 75 N FREEPORT, IL 61032 , US	Driver License Number STATE: ILLINOIS COUNTRY: UNITED STATES	
03 005	Safety Equipment	On Duty Crash	Safety Equipment
	Row 01 - FRONT ROW	Seat Position 09 - RIGHT	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#
Hospital		Date of Death	Time of Death
Distracted By	Distracted By Source		
Distracted By Action			
Non Motorist	Striking Unit#	Location	
Prior Action			

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03 005 UNIT INDIVIDUAL	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		