

6TL09XQZ4K

22-09089

# WISCONSIN MOTOR VEHICLE CRASH REPORT

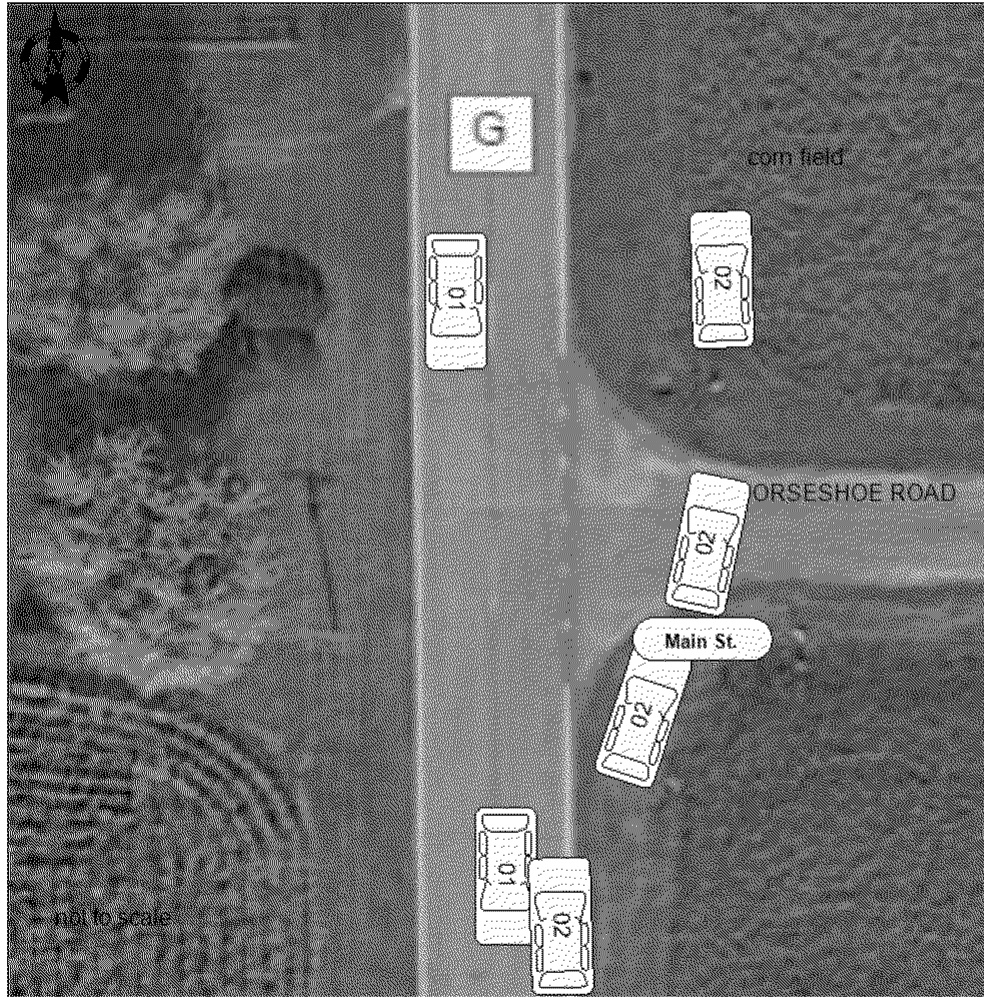
SAUK COUNTY SHERIFFS DEPARTMENT  
1300 LANGE COURT  
BARABOO, WI 53913  
(608) 356-4895

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Document Number Override		Primary Crash Document#		Agency Crash Number 22-09089		Investigating Officer/Deputy DEPUTY I. GALVAN	
Crash Date 09/10/2022		Crash Time 02:01 PM		Date Arrived 09/10/2022		Time Arrived 02:13 PM	
Date Notified 09/10/2022		Time Notified 02:02 PM		Total Units 02		Total Injured 00	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 checked="" 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 1 TRAVELING SOUTHBOUND ON CTH G. UNIT 2 TRAVELING NORTHBOUND ON CTH G APPROACHING HORSESHOE ROAD. UNIT 1 OPERATES LEFT OF CENTER AND ENTERS UNIT 2 TRAVEL LANE. UNIT 2 TRAVELS ON TO SHOULDER AND IS STRUCK BY UNIT 1 IN A SIDE SWIPE MANNER. UNIT 2 LEAVES ROADWAY DUE TO STRIKE. UNIT 2 STRIKES TRAFFIC ROAD SIGN POST AND ENTERS A CORN FIELD. UNIT 1 CONTINUES SOUTHBOUND. UNIT 1 LATER LOCATED. UNIT 1 CITED FOR OPERATING WHILE UNDER THE INFLUENCE 2ND OFFENSE, HIT AND RUN, OPERATING LEFT OF CENTER AND INATTENTIVE DRIVING. BOTH UNIT 1 AND 2 TOWED BY GEORGE'S TOWING. NO INJURIES REPORTED.

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Location

ON CTHG SB 241 FT S OF HORSESHOE RD IN THE TOWN OF SPRING GREEN IN SAUK COUNTY	Latitude	Longitude
	43.220136879	-90.113309333
	X Coordinate	Y Coordinate
	247139.171875	4789968
Structure Type		NO STRUCTURE

Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>06 - SIDESWIPE/OPPOSITE DIRECTION</b>	Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>WET</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>		
Weather Condition(s) <b>CLOUDY</b>		
Animal Type	Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>	Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land	Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>

Unit Summary

UNIT 01	Unit Status <b>HIT AND RUN</b>	Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>AUTOMOBILE</b>			
	Vehicle Type <b>PASSENGER CAR</b>	Operating As Endorsements				
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>4</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>SOUTHBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>55</b>	Total Lanes <b>2</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, NOT DIVIDED</b>		Traffic Control <b>NO CONTROL</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>					

UNIT VEHICLE 01	<b>Vehicle</b>			
	License Plate Number <b>AHN6303</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>3FA6P0T98ER248767</b>	Make <b>FORD</b>	Year <b>2014</b>	Model <b>FUSION</b>
	Color <b>SIL - SILVER (ALUMINUM)</b>	Body Style <b>4D - 4DR</b>		Bus Use
	Initial Contact Point <b>10 - LEFT SIDE FRONT</b>	Vehicle Damage <b>09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT</b>		
Extent Of Damage <b>DISABLING DAMAGE</b>				

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UNIT VEHICLE	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>GEORGES AUTO BODY</b>	
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>EXCEED SPEED LIMIT, SPEED TOO FAST/COND, WRONG SIDE OR WRONG WAY, OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER</b>			
01 01	Owner Name <b>ROSS R JOHANNING (608) 588-5997</b>		Owner Address <b>925 WESTBROOK DR PLAIN, WI 53577 , US</b>	
	<b>Sequence Of Events</b>			
01 02 03 04	Event <b>MOTOR VEH IN TRANSPORT</b>			
	Event			
	Event			
	Event			
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>PROGRESSIVE-UNIVERSAL-INSURANCE-COMP</b>		Individual <b>ROGAN JOHANNING</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>ROGAN RICHARD JOHANNING (608) 333-8732</b>		Citations Issued <b>4</b>	Sex <b>MALE</b>
	Address <b>925 WESTBROOK DR PLAIN, WI 53577 , US</b>		Date of Birth [REDACTED]	Race <b>WHITE</b>
	Driver License Number [REDACTED]		<b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
01 001	<b>Safety Equipment</b>		On Duty Crash	
	Row <b>01 - FRONT ROW</b>		Seat Position <b>07 - LEFT</b>	
	Safety Equipment		<b>SHOULDER &amp; LAP BELT</b>	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	
Airbag		<b>DEPLOYED-FRONT</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>UNKNOWN</b>		
Distracted By Action <b>OTHER ACTION (LOOKING AWAY FROM TASK ETC)</b>				

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<b>UNIT</b>	<b>INDIVIDUAL</b>	<b>Non Motorist</b>		Striking Unit #	Location	
		Prior Action				
		Action				
	Action Other					To/From School
	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>YES</b>		Suspected Drug Use <b>YES</b>	
	Alcohol Test Given <b>TEST GIVEN</b>		Alcohol Test Type <b>BLOOD</b>		Alcohol Test Results <b>PENDING</b>	
	Drug Test Given <b>TEST GIVEN</b>		Drug Test Type <b>BLOOD</b>		Drug Test Results <b>PENDING</b>	
	Drug Type					
	Individual Condition  <b>UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ ALCOHOL</b>					
	<b>Violations</b>					
<b>01</b>	<b>001</b>	UTC Number <b>AE757834</b>	Issue To? <b>001</b>	Statute Number <b>346.63(1)(a)</b>	Description <b>OPERATING WHILE UNDER THE INFLUENCE(2ND)</b>	
		UTC Number <b>AE757835</b>	Issue To? <b>001</b>	Statute Number <b>346.67(1)</b>	Description <b>HIT AND RUN</b>	
		UTC Number <b>AE757836</b>	Issue To? <b>001</b>	Statute Number <b>346.05(1)</b>	Description <b>OPERATING LEFT OF CENTER</b>	
		UTC Number <b>AE757837</b>	Issue To? <b>001</b>	Statute Number <b>346.89(1)</b>	Description <b>INATTENTIVE DRIVING</b>	

### Unit Summary

<b>UNIT</b>	<b>02</b>	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>			
		Vehicle Type <b>PASSENGER CAR</b>					Operating As Endorsements		
		Total Occs <b>1</b>		Train/Bus # Recorded		Total # Citations Issued <b>0</b>		Total Trailers <b>0</b>	
		Insurance? <b>YES</b>		Direction Of Travel <b>NORTHBOUND</b>		<input type="checkbox"/> Pre Crash Tire Mark		Speed Limit <b>55</b>	
		Total HazMat Types <b>0</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, NOT DIVIDED</b>		Traffic Control <b>NO CONTROL</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>							

### Vehicle

License Plate Number <b>AMX1755</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
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02 UNIT VEHICLE	Vehicle Identification Number <b>1MEFM55S31G644959</b>		Make <b>MERCURY</b>	Year <b>2001</b>	Model <b>SABEL</b>
	Color <b>BRO - BROWN</b>		Body Style <b>4D - 4DR</b>		Bus Use
	Initial Contact Point <b>10 - LEFT SIDE FRONT</b>		Vehicle Damage <b>01 - RIGHT FRONT CORNER, 09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT</b>		
	Extent Of Damage <b>DISABLING DAMAGE</b>				
	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>GEORGES AUTO BODY</b>		
What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors			
Driver Prior Action Other		<b>NOT APPLICABLE</b>			
02 UNIT VEHICLE	Driver Actions <b>RAN OFF ROADWAY</b>				
	Owner Name <b>DANIEL A LIBANSKY (608) 448-7267</b>		Owner Address <b>23438 COUNTY HWY AA APT B RICHLAND CENTER, WI 53581 , US</b>		
<b>Sequence Of Events</b>					
02 UNIT VEHICLE	Event <b>01 MOTOR VEH IN TRANSPORT</b>				
	Event <b>02 RUN OFF ROADWAY RIGHT</b>				
	Event <b>03 TRAFFIC SIGN POST</b>				
	Event <b>04 OTHER FIXED OBJECT</b>				
<b>Policy Holder</b>					
02 UNIT INDIVIDUAL	Insurance Company <b>GEICO-GENERAL-INS-CO</b>		Individual <b>AMANDA SIMONDS</b>		
	<b>Individual</b>				
02 UNIT INDIVIDUAL	Driver <b>AMANDA RENEE SIMONDS (608) 448-7267</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
			Date of Birth [REDACTED]	Race <b>WHITE</b>	
	Address <b>23438 COUNTY HWY AA APT B RICHLAND CENTER, WI 53581 , US</b>		Driver License Number [REDACTED] <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
<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			
02 UNIT INDIVIDUAL	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>		Airbag <b>NON DEPLOYED</b>
	Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		Trapped/Extricated <b>NOT TRAPPED</b>

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<b>UNIT INDIVIDUAL</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>				
	<b>Non Motorist</b>		Striking Unit #	Location	
	Prior Action				
	Action				
	Action Other			To/From School	
	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>	
	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>					

**Property Owner**

<b>PROP OWNER 01</b>	Government <b>SAUK COUNTY HWY DEPT</b> (608) 356-3855	Address 620 STH 136 PO BOX 26 BARABOO, WI 53913 , US
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**Fixed Objects Struck**

<b>01</b>	Striking Unit 02	Struck Object <b>TRAFFIC SIGN POST</b>	Structure Number	Damage Tag Number 337992
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**Property Owner**

<b>PROP OWNER 02</b>	Individual <b>GERALD L BAUER</b> (608) 574-4391	Address S10664 COUNTY ROAD G SPRING GREEN, WI 53588 , US
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**Fixed Objects Struck**

<b>02</b>	Striking Unit 02	Struck Object <b>OTHER FIXED OBJECT</b>	Structure Number	Damage Tag Number 000
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