

6TL0CX0QB3
22-09567

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 22-09567		Investigating Officer/Deputy DEPUTY I. HANSON	
Crash Date 09/24/2022		Crash Time 02:38 PM		Date Arrived 09/24/2022		Time Arrived 02:47 PM	
Date Notified 09/24/2022		Time Notified 02:40 PM		Total Units 03		Total Injured 03	Total Killed 00
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input checked="" 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 checked="" type="checkbox"/> Secondary Crash	

Description

Diagram		Reconstruction By SAUK COUNTY SHERIFF	
		Photos By HANSON	
		Additional Information NONE, PHOTOS, RECONSTRUCTION	

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

UNIT 2 AND UNIT 3 WERE STOPPED ON US 12 AT A RED LIGHT WAITING TO CONTINUE SOUTH. UNIT 1 WAS TRAVELING AT HIGHWAY SPEED APPROACHING THE RED LIGHT. UNIT 1 STATED THAT HE SAW THE VEHICLES IN FRONT OF HIM AND SAW THE RED LIGHT. UNIT 1 STATED HE WAS TRYING TO STOP BUT HIS LACE ON HIS SHOE CAUGHT SOMEHOW AND HE WAS UNABLE TO BRAKE AND SLOW IN TIME. UNIT 1 STRUCK THE REAR OF UNIT 2 AT HIGHWAY SPEED. UNIT 2 THEN STRUCK THE REAR OF UNIT 3 WITH ITS FRONT END. DUE TO THE IMPACT UNIT 2 LEFT THE ROADWAY INTO THE WEST DITCHLINE FACING SOUTH WEST. IT SHOULD BE NOTED UNIT 2 AND 3 WERE NOT IN MOTION AT TIME OF THE CRASH. 9109

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Location

ON USH12 EB 352 FT S OF IH90 EB IN THE VILLAGE OF LAKE DELTON IN SAUK COUNTY	Latitude	Longitude
	43.568753451	-89.778571969
	X Coordinate	Y Coordinate
	275618.75	4827728.5
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 FULL CONTROL	Special Study
Within Interchange Area NO	Junction Location INTERSECTION	Intersection Type FOUR-WAY INTERSECTION	
Closure Type LANE CLOSURE		Reasons for Closure	
Date Initial Lane/Rd Closed 09/24/2022	Time Initial Lane/Rd Closed 02:38 PM	LAW ENFORCEMENT, TOW TRUCK, FIRE/EMS	
Date All Lanes Open 09/24/2022	Time All Lanes Open 03:15 PM	Date Scene Cleared 09/24/2022	Time Scene Cleared 03:15 PM

Unit Summary

01 UNIT	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER VAN				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 SOUTHBOUND	<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 DIVIDED HWY MEDIAN W/BARRIER		Traffic Control TRAFFIC SIGNAL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

Vehicle

01 01	License Plate Number ALG9405	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 5TDYK3DC2CS189822	Make TOYOTA	Year 2012	Model SIENNA

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UNIT VEHICLE	Color	RED - RED	Body Style	VN - VAN	Bus Use	
	Initial Contact Point	12 - FRONT	Vehicle Damage	01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT		
	Extent Of Damage	DISABLING DAMAGE	Towed Due To Damage	TOWED DUE TO DISABLING DAMAGE		
	What Driver Was Doing	GOING STRAIGHT	Vehicle Removed By	PLATTS WRECKER		
	Driver Prior Action Other		Vehicle Factors	NOT APPLICABLE		
UNIT VEHICLE	Driver Actions	FOLLOWING TOO CLOSE				
	Owner Name	HEATHER NICOLE STUEBINGER (608) 957-3338	Owner Address	100 LINN ST BARABOO, WI 53913 , US		
UNIT VEHICLE	Sequence Of Events					
	Event	MOTOR VEH IN TRANSPORT				
	Event					
	Event					
UNIT VEHICLE	Event					
	Event					
UNIT VEHICLE	Policy Holder					
	Insurance Company	RURAL-MUTUAL-INS-CO-(ATTN:-CLAIMS-DEPT)		Individual	DEREK RAMNARACE	
UNIT INDIVIDUAL	Individual					
	Driver	DEREK JAMES RAMNARACE (608) 957-3338		Citations Issued	1	Sex MALE
				Date of Birth		Race WHITE
UNIT INDIVIDUAL	Address	100 LINN ST BARABOO, WI 53913 , US		Driver License Number	STATE: WISCONSIN COUNTRY: UNITED STATES	
	Safety Equipment			On Duty Crash	Safety Equipment	
UNIT INDIVIDUAL	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
UNIT INDIVIDUAL	Ejected	NOT EJECTED	Ejection Path	NOT EJECTED/NOT APPLICABLE		Trapped/Extricated
	Medical Transport	NOT TRANSPORTED		EMS Agency Identifier	EMS Run #	

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UNIT INDIVIDUAL	Hospital		Date of Death		Time of Death	
	Distracted By		Distracted By Source OTHER DISTRACTION (ANIMAL, FOOD, GROOMING)			
	Distracted By Action UNKNOWN					
	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					
	Violations					
	UTC Number BG022720	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	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel SOUTHBOUND	<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 DIVIDED HWY MEDIAN W/BARRIER		Traffic Control TRAFFIC SIGNAL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

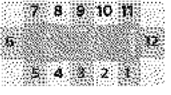
Vehicle					
License Plate Number ABE5797		Plate Type AUT - AUTOMOBILE		St WI	Country of Issuance UNITED STATES

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02	UNIT VEHICLE	Vehicle Identification Number 2T3BFREV2JW737584	Make TOYOTA	Year 2018	Model RAV4		
		Color BLK - BLACK	Body Style UT - SPORT UTILITY VEHICLE	Bus Use			
		Initial Contact Point 06 - REAR	Vehicle Damage 05 - RIGHT REAR CORNER, 06 - REAR, 07 - LEFT REAR CORNER, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT				
		Extent Of Damage FUNCTIONAL DAMAGE					
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By PLATTS WRECKER				
02	UNIT VEHICLE	What Driver Was Doing STOP IN TRAFFIC	Vehicle Factors				
		Driver Prior Action Other	NOT APPLICABLE				
		Driver Actions NO CONTRIBUTING ACTION					
02	02	Owner Name CASEY LYNN LEWIS (715) 741-0587	Owner Address 947 COUNTY ROAD AA NEKOOSA, WI 54457 , US				
Sequence Of Events							
01	Event MOTOR VEH IN TRANSPORT						
02	Event						
03	Event						
04	Event						
02	UNIT	Policy Holder					
		Insurance Company AMERICAN-FAMILY-INS-CO	Individual CASEY LEWIS				
02	UNIT INDIVIDUAL	Individual					
		Driver CASEY LYNN LEWIS (715) 741-0587	Citations Issued 0	Sex FEMALE			
			Date of Birth [REDACTED]	Race WHITE			
	Address 947 COUNTY ROAD AA NEKOOSA, WI 54457 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES					
02	UNIT	Safety Equipment		On Duty Crash			
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	Safety Equipment SHOULDER & LAP BELT			
		Helmet Use		Helmet Compliance			
		Eye Protection		Tint Compliance			
02	002	Injury		Airbag			
		POSSIBLE INJURY		DEPLOYED-FRONT			
Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED			

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UNIT INDIVIDUAL	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		
	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 INDIVIDUAL	Individual		
	Passenger KERRY DEAN LEWIS (715) 697-0589	Citations Issued 0	Sex MALE
		Date of Birth [REDACTED]	Race WHITE
	Address 947 COUNTY ROAD AA NEKOOSA, WI 54457 , US	Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES	
UNIT INDIVIDUAL	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 SUSPECTED MINOR 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#	

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UNIT INDIVIDUAL	Hospital		Date of Death		Time of Death	
	Distracted By		Distracted By Source			
	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					

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 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel SOUTHBOUND	<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 DIVIDED HWY MEDIAN W/BARRIER		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

UNIT 03	Vehicle					
	License Plate Number 688WCC		Plate Type AUT - AUTOMOBILE		St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1G1PC5SH3C7364018		Make CHEVROLET		Year 2012	Model CRUZE
	Color BLK - BLACK		Body Style SD - SEDAN		Bus Use	

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UNIT VEHICLE	Initial Contact Point 06 - REAR		Vehicle Damage 06 - REAR		
	Extent Of Damage DISABLING DAMAGE				
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By PLATTS WRECKER		
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors NOT APPLICABLE		
UNIT VEHICLE	Driver Prior Action Other				
	Driver Actions NO CONTRIBUTING ACTION				
03 03	Owner Name RAYMOND ALVIN WILLET (608) 432-2364		Owner Address 731 SUNSET BLVD #75 WISCONSIN DELLS, WI 53965 , US		
	Sequence Of Events				
03 04	01	Event MOTOR VEH IN TRANSPORT			
	02	Event			
	03	Event			
	04	Event			
UNIT INDIVIDUAL	Policy Holder				
	Insurance Company PEKIN-INS-CO		Individual RAYMOND WILLET		
03 004	Individual				
	Driver RAYMOND ALVIN WILLET (608) 432-2364		Citations Issued 0	Sex MALE	
	Address 731 SUNSET BLVD #75 WISCONSIN DELLS, WI 53965 , US		Date of Birth [REDACTED]	Race WHITE	
		Driver License Number [REDACTED]			
		STATE: WISCONSIN COUNTRY: UNITED STATES			
03 004	Safety Equipment		On Duty Crash		
			Safety Equipment SHOULDER & LAP BELT		
	Row 01 - FRONT ROW	Seat Position 07 - LEFT			
	Helmet Use		Helmet Compliance		
Eye Protection		Tint Compliance			
03 004	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

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UNIT INDIVIDUAL 03 004	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	