

6TL0DBC3DZ
22-09755

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 22-09755		Investigating Officer/Deputy DEPUTY B. TRAGER	
Crash Date 09/30/2022		Crash Time 04:37 PM		Date Arrived 09/30/2022		Time Arrived 05:12 PM	
Date Notified 09/30/2022		Time Notified 04:38 PM		Total Units 02		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

<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.

ON SEPTEMBER 30, 2022 AT APPROXIMATELY 4:37PM UNIT 1 WAS TRAVELING EASTBOUND ON CTY HWY PF WEST OF CEDAR RD. WHEN IT LOST CONTROL AND WENT SIDEWAYS. ONCE SIDEWAYS UNIT 1 THEN CROSSED THE CENTER LINE BRINGING IT INTO ONCOMING TRAFFIC AND CRASHING INTO THE REAR OF UNIT 2. NO INJURIES WERE REPORTED AT THE TIME OF THE ACCIDENT. BOTH VEHICLES WERE REMOVED BY THE OPERATORS.

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Location

ON CTHPF EB 0.60 MI W OF CEDAR RD IN THE TOWN OF HONEY CREEK IN SAUK COUNTY	Latitude 43.318049513	Longitude -89.946511046
	X Coordinate 261070.84375	Y Coordinate 4800351.5
	Structure Type	

Crash Scene

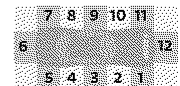
First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 01 - ANGLE	Light Condition DAYLIGHT	
Road Surface Condition(s) DRY	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) CLEAR		
Animal Type	Relation To Trafficway TRAFFICWAY - 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 1	Train/Bus # Recorded	Total # Citations Issued 1	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 CURVE LEFT	Road Grade LEVEL		
	Truck Bus or HazMat NO				

Vehicle

UNIT VEHICLE 01	License Plate Number AND5335	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 4S3BH675347639251	Make SUBARU	Year 2004	Model LEGACY
	Color LGR - GREEN, LIGHT	Body Style SW - STATIONWAGON	Bus Use	
	Initial Contact Point 12 - FRONT	Vehicle Damage		
	Extent Of Damage FUNCTIONAL DAMAGE	12 - FRONT		



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UNIT VEHICLE	Towed Due To Damage NOT TOWED	Vehicle Removed By OWNER	
	What Driver Was Doing NEGOTIATING CURVE	Vehicle Factors NOT APPLICABLE	
	Driver Prior Action Other		
	Driver Actions FAILURE TO CONTROL		
01	01	Owner Name JILLIAN RYAN SCORELLE (505) 470-6117	Owner Address 200 MAIN ST LOGANVILLE, WI 53943 , US
Sequence Of Events			
01	01	Event MOTOR VEH IN TRANSPORT	
02	02	Event	
03	03	Event	
04	04	Event	
UNIT	Policy Holder		
	Insurance Company GEICO-GENERAL-INS-CO	Individual JILLIAN SCORELLE	
UNIT INDIVIDUAL	Individual		
	Driver JILLIAN RYAN SCORELLE (505) 470-6117	Citations Issued 1	Sex FEMALE
		Date of Birth [REDACTED]	Race
	Address 200 MAIN ST LOGANVILLE, WI 53943 , US	Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES	
01	001	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
	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 NOT APPLICABLE (NOT DISTRACTED)	
Distracted By Action		NOT DISTRACTED	

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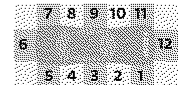
UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location	
		Prior Action				
		Action				
	Action Other					To/From School
	Drug & Alcohol		Suspected Alcohol Use NO		Suspected Drug Use NO	
	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type		Alcohol Test Results	
	Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results	
	Drug Type					
	Individual Condition APPEARED NORMAL					
	01	001	Violations			
UTC Number BG112942			Issue To? 001	Statute Number 346.05(1)	Description OPERATING LEFT OF CENTER	

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 1		Train/Bus # Recorded		Total # Citations Issued 0		Total Trailers 0	
		Insurance? YES		Direction Of Travel WESTBOUND		<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 LEVEL			
		Truck Bus or HazMat NO							

Vehicle

02	02	License Plate Number 958FFS		Plate Type AUT - AUTOMOBILE		St WI		Country of Issuance UNITED STATES	
		Vehicle Identification Number 1GNSKJE73CR289218		Make CHEVROLET		Year 2012		Model K1500 SUBU	
		Color GRY - GRAY		Body Style LL - CARRYALL				Bus Use	
		Initial Contact Point 08 - LEFT SIDE REAR							



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UNIT VEHICLE	Vehicle Damage		
	Extent Of Damage FUNCTIONAL DAMAGE	08 - LEFT SIDE REAR	
	Towed Due To Damage NOT TOWED	Vehicle Removed By OWNER	
	What Driver Was Doing NEGOTIATING CURVE	Vehicle Factors	
UNIT VEHICLE	Driver Prior Action Other	NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION		
	Owner Name LORI LYN STRATTON-WELLS (608) 963-7282	Owner Address S7802 REICH DR NORTH FREEDOM, WI 53951 , US	
	Sequence Of Events		
UNIT VEHICLE	Event MOTOR VEH IN TRANSPORT		
	Event		
	Event		
	Event		
UNIT VEHICLE	Policy Holder		
	Insurance Company PROGRESSIVE-CLASSIC-INS-CO	Individual LORI STRATTON-WELLS	
	Individual		
	Driver LORI LYN STRATTON-WELLS (608) 963-7282	Citations Issued 0	Sex FEMALE
UNIT INDIVIDUAL	Date of Birth [REDACTED]	Race WHITE	
	Address S7802 REICH DR NORTH FREEDOM, WI 53951 , US	Driver License Number [REDACTED] 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
	UNIT INDIVIDUAL	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#
UNIT INDIVIDUAL	Hospital	Date of Death	Time of Death

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UNIT INDIVIDUAL 02 002	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
Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Results
Drug Type		
Individual Condition APPEARED NORMAL		