

6TLOB8M803
22-09890

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 22-09890		Investigating Officer/Deputy SERGEANT T. CLAUER	
Crash Date 10/04/2022		Crash Time 12:20 PM		Date Arrived 10/04/2022		Time Arrived 12:34 PM	
Date Notified 10/04/2022		Time Notified 12:24 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> <p style="text-align: center;">Not to Scale</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.

UNIT ONE AND UNIT TWO WERE BOTH TRAVELING SOUTH ON WEST PINE STREET. UNIT ONE WAS STOPPED AT THE RED TRAFFIC SIGNAL. UNIT TWO WAS ATTEMPTING TO ENTER THE EAST BOUND TURN LANE AND STRUCK THE DRIVERS SIDE REAR OF UNIT 1. NO INJURIES AND BOTH VEHICLES WERE REMOVED BY DRIVERS.

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Location

Table with 3 columns: Address (ON CTHBD SB 44 FT N OF STH136 EB IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY), Latitude (43.474908785), Longitude (-89.76885468), X Coordinate (276056.34375), Y Coordinate (4817279.5), Structure Type (NO STRUCTURE)

Crash Scene

Table with 4 columns: First Harmful Event (MOTOR VEH IN TRANSPORT), First Harmful Event Location (ON ROADWAY), Manner of Collision (07 - SIDESWIPE/SAME DIRECTION), 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 (INTERSECTION-RELATED), Intersection Type (FOUR-WAY INTERSECTION)

Unit Summary

Table with 5 columns: Unit Status (IN TRANSIT), Vehicle Operating As Classification (D CLASS), Unit Type (AUTOMOBILE), Vehicle Type (PASSENGER VAN), Operating As Endorsements, Total Occs (02), Train/Bus # Recorded, Total # Citations Issued (0), Total Trailers (0), Total HazMat Types (0), Insurance? (YES), Direction Of Travel (SOUTHBOUND), Pre Crash Tire Mark, Speed Limit (25), Total Lanes (03), Most Harmful Event: Collision With (MOTOR VEH IN TRANSPORT), Special Function (NO SPECIAL FUNCTION), Emergency Motor Vehicle Use (NOT APPLICABLE), Traffic Way (DIVIDED HWY W/O TRAFFIC BARRIER), Traffic Control (TRAFFIC SIGNAL), Traffic Control Inoperative/Missing (NO), Surface Type (CONCRETE), Road Curvature (STRAIGHT), Road Grade (LEVEL), Truck Bus or HazMat (NO)

Vehicle

Table with 4 columns: License Plate Number (366XHL), Plate Type (LTK - LIGHT TRUCK), St (WI), Country of Issuance (UNITED STATES), Vehicle Identification Number (2C4RDGBG0FR646779), Make (DODGE), Year (2015), Model (GRAND CARA), Color (WHI - WHITE), Body Style (VN - VAN), Bus Use, Initial Contact Point (08 - LEFT SIDE REAR), Vehicle Damage (07 - LEFT REAR CORNER, 08 - LEFT SIDE REAR), Extent Of Damage (FUNCTIONAL DAMAGE)



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UNIT VEHICLE	Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR		
	What Driver Was Doing SLOW/STOPPING	Vehicle Factors		
	Driver Prior Action Other	NOT APPLICABLE		
	Driver Actions NO CONTRIBUTING ACTION			
01 01	Owner Name ABBY VANS INC	Owner Address W5621 TODD RD NEILLSVILLE, WI 54456 , US		
	Sequence Of Events			
01 02 03 04	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
UNIT	Policy Holder			
	Insurance Company GRINNELL-MUTUAL-REINSURANCE-CO	Organization/Company ABBY VANS INC		
UNIT INDIVIDUAL	Individual			
	Driver JUDITH CHRISTINE SHARPE (608) 562-3139	Citations Issued 0	Sex FEMALE	
		Date of Birth [REDACTED]	Race WHITE	
	Address N8417 8TH AVE NEW LISBON, WI 53950 , 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 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					
UNIT	INDIVIDUAL	Individual					
		Passenger SHARON L WILLIAMS (608) 844-9606		Citations Issued 0	Sex FEMALE		
		Date of Birth [REDACTED]		Race WHITE			
		Address 156 N JUNEAU ST # 108 LYNDON STATION, WI 53944 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES			
		Safety Equipment		On Duty Crash			
		Row 01 - FRONT ROW		Seat Position 09 - RIGHT		Safety Equipment 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							
UNIT	INDIVIDUAL	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 VAN				Operating As Endorsements			
		Total Occs 01		Train/Bus # Recorded		Total # Citations Issued 01		Total Trailers 0	
		Total HazMat Types 0		Insurance? YES		Direction Of Travel SOUTHBOUND		<input type="checkbox"/> Pre Crash Tire Mark	
		Speed Limit 25		Total Lanes 03		Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT			
		Special Function NO SPECIAL FUNCTION				Emergency Motor Vehicle Use NOT APPLICABLE			
		Traffic Way DIVIDED HWY W/O TRAFFIC BARRIER				Traffic Control TRAFFIC SIGNAL			
		Traffic Control Inoperative/Missing NO				Surface Type CONCRETE			
		Road Curvature STRAIGHT				Road Grade LEVEL			
		Truck Bus or HazMat NO							

Vehicle

UNIT	VEHICLE	02	02	License Plate Number 897WSE		Plate Type AUT - AUTOMOBILE		St WI		Country of Issuance UNITED STATES					
				Vehicle Identification Number 5GADT13S362200784		Make BUICK		Year 2006		Model RAINIER					
				Color SIL - SILVER (ALUMINUM)		Body Style 4D - 4DR		Bus Use							
				Initial Contact Point 02 - RIGHT SIDE FRONT		Vehicle Damage									
				Extent Of Damage FUNCTIONAL DAMAGE		02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE, 04 - RIGHT SIDE REAR									
				Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR									
				What Driver Was Doing CHANGING LANES											

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UNIT VEHICLE	Vehicle Factors		
	Driver Prior Action Other	NOT APPLICABLE	
	Driver Actions FAILURE TO CONTROL, FAILED TO KEEP IN DESIGNATED LANE		
02	Owner Name GERALDINE LEE LYNCH (608) 356-7902	Owner Address S3024A DEER TRL BARABOO, WI 53913 , US	
	Sequence Of Events		
01 02 03 04	Event MOTOR VEH IN TRANSPORT		
	Event		
	Event		
	Event		
UNIT	Policy Holder		
	Insurance Company AMERICAN-FAMILY-INS-CO	Individual GERALDINE LYNCH	
UNIT INDIVIDUAL	Individual		
	Driver GERALDINE LEE LYNCH (608) 356-7902	Citations Issued 01	Sex FEMALE
		Date of Birth	Race WHITE
	Address S3024A DEER TRL BARABOO, WI 53913 , US	Driver License Number STATE: WISCONSIN 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	EMS Run#
	Hospital	Date of Death	Time of Death
02 003	Distracted By		
	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		
02 003	Distracted By Action		
	NOT DISTRACTED		
02 003	Non Motorist		
	Striking Unit#	Location	

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UNIT	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			
	01	UTC Number BG115244	Issue To? 003	Statute Number 346.13(1)