

6TL0BGSFHT
22-09824

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 22-09824		Investigating Officer/Deputy DEPUTY D. KROLIKOWSKI	
Crash Date 10/02/2022		Crash Time 03:07 PM		Date Arrived 10/02/2022		Time Arrived 03:23 PM	
Date Notified 10/02/2022		Time Notified 03:07 PM		Total Units 02		Total Injured 01	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.

UNIT 1 WAS NEGOTIATING A LEFT HAND CURVE WHEN THE OPERATOR OBSERVED A WOMAN ON A BICYCLE (UNIT 2) APPROACHING HIM, TRAVELING IN THE OPPOSITE DIRECTION, AT A HIGH RATE OF SPEED. THE DRIVER OF UNIT 1 MOVED OVER TO THE RIGHT SIDE OF THE ROAD AND STOPPED TO GIVE SPACE TO THE BICYCLE, BUT THE BICYCLE CROSSED THE CENTERLINE & COLLIDED WITH THE FRONT LEFT FENDER AND DOOR OF UNIT 1.

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Location

ON W REDSTONE RD 0.26 MI W OF CANARY CT IN THE TOWN OF LA VALLE IN SAUK COUNTY	Latitude 43.59239224	Longitude -90.10581605
	X Coordinate 249289.375	Y Coordinate 4831290
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event PEDALCYCLE	First Harmful Event Location ON ROADWAY	
Manner of Collision 06 - SIDESWIPE/OPPOSITE 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 NON-JUNCTION	Intersection Type NOT AN INTERSECTION

Unit Summary

01 UNIT	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 EASTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 25	Total Lanes 2
	Most Harmful Event: Collision With PEDALCYCLE	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 DOWNHILL	
	Truck Bus or HazMat NO				

Vehicle

01 UNIT VEHICLE	License Plate Number 760NXG	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1GNDT13S642108216	Make CHEVROLET	Year 2004	Model TRAILBLAZE
	Color GRY - GRAY	Body Style UT - SPORT UTILITY VEHICLE		Bus Use
	Initial Contact Point 10 - LEFT SIDE FRONT	Vehicle Damage 09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT		
	Extent Of Damage MINOR DAMAGE			



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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By	
	What Driver Was Doing NEGOTIATING CURVE		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
01 01	Owner Name RAYMOND L FRANKFOURTH (608) 985-8352		Owner Address E4409 DOUGLAS RD LA VALLE, WI 53941 , US	
	Sequence Of Events			
01 02 03 04	Event PEDALCYCLE			
	Event			
	Event			
	Event			
UNIT	Policy Holder			
	Insurance Company RIVER CITY INSURANCE AGENCY		Individual RAYMOND FRANKFOURTH	
UNIT INDIVIDUAL	Individual			
	Driver RAYMOND L FRANKFOURTH (608) 985-8352		Citations Issued 0	Sex MALE
	Address E4409 DOUGLAS RD LA VALLE, WI 53941 , US		Date of Birth [REDACTED]	Race WHITE
	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 Compliance	
	Helmet Use		Tint Compliance	
	Eye Protection		Airbag NON DEPLOYED	
	Injury		Injury Severity NO APPARENT INJURY	Trapped/Extricated NOT TRAPPED
Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE		EMS Agency Identifier
Medical Transport NOT TRANSPORTED		Hospital		EMS Run #
Hospital		Date of Death		Time of Death
Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		
Distracted By Action NOT DISTRACTED				

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 FAY ELAINE FRANKFOURTH (608) 985-8352			Citations Issued 0	Sex FEMALE	
		Address E4409 DOUGLAS RD LA VALLE, WI 53941 , US			Date of Birth	Race	
		Driver License Number STATE: WISCONSIN 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 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				

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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
	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 O CLASS	Unit Type BICYCLE		
	Vehicle Type BICYCLE	Operating As Endorsements			
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0
	Insurance? UNKNOWN	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 25	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 RIGHT	Road Grade DOWNHILL	
	Truck Bus or HazMat NO				

UNIT VEHICLE 02	Vehicle			
	License Plate Number	Plate Type	St	Country of Issuance
	Vehicle Identification Number ZY21064291	Make	Year 2022	Model MAGNUM
	Color DGR - GREEN, DARK	Body Style BI - BICYCLE	Bus Use	
	Initial Contact Point 12 - FRONT	Vehicle Damage		
	Extent Of Damage DISABLING DAMAGE	12 - FRONT		
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By OWNER		
	What Driver Was Doing			

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UNIT VEHICLE	Vehicle Factors	
	Driver Prior Action Other	NOT APPLICABLE
	Driver Actions	
02	Owner Name SUSAN LOUISE BURKE (815) 355-1880	Owner Address E4524 W REDSTONE DR LA VALLE, WI 53941 , US
	Sequence Of Events	
01	Event MOTOR VEH IN TRANSPORT	
02	Event	
03	Event	
04	Event	
UNIT INDIVIDUAL	Individual	
	Bicyclist SUSAN LOUISE BURKE (815) 355-1880	Citations Issued 0
	Date of Birth [REDACTED]	Sex FEMALE
Address E4524 W REDSTONE DR LA VALLE, WI 53941 , US	Driver License Number [REDACTED]	Race WHITE
STATE: WISCONSIN COUNTRY: UNITED STATES		
02 003	Safety Equipment	
	On Duty Crash	Safety Equipment
	Row 01 - FRONT ROW	Seat Position 07 - LEFT
	NONE	
	Helmet Use	Helmet Compliance
	Eye Protection	Tint Compliance
Injury		Airbag
SUSPECTED SERIOUS INJUR		NOT APPLICABLE
Ejected	Ejection Path	Trapped/Extricated
NOT APPLICABLE	NOT EJECTED/NOT APPLICABLE	NOT TRAPPED
Medical Transport EMS GROUND	EMS Agency Identifier 6001024	EMS Run #
Hospital REEDSBURG AREA MED CTR	Date of Death	Time of Death
Distracted By		
Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		
Distracted By Action NOT DISTRACTED		
Non Motorist		Location
Striking Unit # 01	SHOULDER / ROADSIDE	
Prior Action IN ROADWAY - OTHER		

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UNIT INDIVIDUAL 02 003	Action		
	FAILURE TO KEEP IN PROPER LANE OR RUNNING OFF ROAD		
	Action Other		To/From School NO
	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		