

6TL09XQZ4P

22-10526

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 22-10526	Investigating Officer/Deputy DEPUTY I. GALVAN	
Crash Date 10/22/2022		Crash Time 09:00 AM	Date Arrived 10/22/2022	Time Arrived 09:14 AM	
Date Notified 10/22/2022		Time Notified 09:02 AM	Total Units 02	Total Injured 02	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

Diagram		Reconstruction By
		Photos By DEPUTY WILLIAM VERTEIN
		Additional Information PHOTOS

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

UNIT 1 WAS STOPPED AT A STOP SIGN ON CTH DD. OPERATOR STATED SHE DID NOT KNOW IF SHE WAS ATTEMPTING TO TURN LEFT OR GO STRAIGHT AND CLAIMS SHE WAS FOLLOWING HER GPS. UNIT 2 WAS TRAVELING AT NORMAL SPEED EASTBOUND ON CTH W. UNIT 1 LOOKED BUT DID NOT SEE AND PROCEEDED THROUGH THE INTERSECTION. UNIT 2 STRUCK UNIT 1. UNIT 1 THEN STRUCK A GUIDE WIRE THAT CAUSED DAMAGE TO A UTILITY POLE. UNIT 2 ALSO STRUCK A UTILITY POLE BUT THERE WAS NO DAMAGE TO THE POLE. CRAIG'S TOWING REMOVED BOTH VEHICLES. UNIT 1 WAS TRANSPORTED TO THE REEDSBURG AREA MEDICAL CENTER VIA AMBULANCE. UNIT 2 HAD MINOR INJURIES BUT WAS NOT TRANSPORTED. OPERATOR OF UNIT 1 RECEIVED A CITATION FOR FAIL TO YIELD TO THE RIGHT AWAY FROM A STOP SIGN.

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Location

Table with location details: ON CTHDD NB 31 FT N OF CTHW EB IN THE TOWN OF FREEDOM IN SAUK COUNTY. Includes Latitude (43.438523174), Longitude (-89.916107288), X Coordinate (264004.5), Y Coordinate (4813645), and Structure Type (NO STRUCTURE).

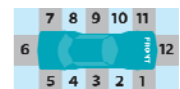
Crash Scene

Table with crash scene details: First Harmful Event (MOTOR VEH IN TRANSPORT), Manner of Collision (01 - ANGLE), Road Surface Condition (DRY), Environment Factor (NONE), Weather Condition (CLEAR), Animal Type, Crash Classification (PUBLIC PROPERTY), and Intersection Type (FOUR-WAY INTERSECTION).

Unit Summary

Table with unit summary details: Unit Status (IN TRANSIT), Vehicle Operating As Classification (D CLASS), Unit Type (AUTOMOBILE), Vehicle Type ((SPORT) UTILITY VEHICLE), Total Occs (1), Direction Of Travel (SOUTHBOUND), Most Harmful Event (MOTOR VEH IN TRANSPORT), Traffic Way (TWO-WAY, NOT DIVIDED), Surface Type (BLACKTOP (BITUMINOUS)), and Truck Bus or HazMat (NO).

Table with vehicle details: License Plate Number (AJY8863), Vehicle Identification Number (WA1AXAF72LD002950), Color (BLK - BLACK), Initial Contact Point (03 - RIGHT SIDE MIDDLE), Extent Of Damage (DISABLING DAMAGE), Vehicle Operating As Classification (AUT - AUTOMOBILE), Year (2020), Body Style (4D - 4DR), and Vehicle Damage (01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE, 04 - RIGHT SIDE REAR, 05 - RIGHT REAR CORNER, 06 - REAR, 12 - F).



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UNIT VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By CRAIGS TOWING	
	What Driver Was Doing LEFT TURN		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions LOOKED BUT DID NOT SEE			
01 01	Owner Name ANAMARIA GORIUS (608) 448-9483		Owner Address 47 HARRISON LN REEDSBURG, WI 53959 , US	
	Sequence Of Events			
01 02 03 04	Event MOTOR VEH IN TRANSPORT			
	Event UTILITY POLE			
	Event			
	Event			
UNIT	Policy Holder			
	Insurance Company COVERA INSURANCE		Individual ANAMARIA GORIUS	
UNIT INDIVIDUAL	Individual			
	Driver ANAMARIA GORIUS (608) 448-9483		Citations Issued 1	Sex FEMALE
	Address 47 HARRISON LN REEDSBURG, WI 53959 , US		Date of Birth	Race WHITE
	Driver License Number		STATE: WISCONSIN COUNTRY: UNITED STATES	
01 001	Safety Equipment		On Duty Crash	
	Row 01 - FRONT ROW		Seat Position 07 - LEFT	
	Helmet Use		Safety Equipment SHOULDER & LAP BELT	
	Eye Protection		Helmet Compliance	
	Tint Compliance		Airbag DEPLOYED-COMBINATION	
	Injury		Injury Severity SUSPECTED SERIOUS INJUR	
Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE		
Trapped/Extricated NOT TRAPPED		Medical Transport EMS GROUND		
EMS Agency Identifier 6001024		EMS Run # 222068		
Hospital REEDSBURG AREA MED CTR		Date of Death		
Time of Death		Distracted By		
Distracted By Source UNKNOWN		Distracted By Action UNKNOWN		

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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			
	01	Violations				
UTC Number AE757849		Issue To? 001	Statute Number 346.18(3)	Description FAIL/YIELD RIGHT/WAY FROM STOP SIGN		

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		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 STRAIGHT				Road Grade LEVEL			
		Truck Bus or HazMat NO											

02	02	Vehicle							
		License Plate Number 606XME		Plate Type AUT - AUTOMOBILE		St WI		Country of Issuance UNITED STATES	
		Vehicle Identification Number JA4AP3AU2KU015530		Make MITSUBISHI		Year 2019		Model OUTLANDER	
		Color GRY - GRAY		Body Style 4D - 4DR				Bus Use	
		Initial Contact Point 12 - FRONT							



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UNIT VEHICLE	Vehicle Damage		
	01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE, 04 - RIGHT SIDE REAR, 09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRO		
	Towed Due To Damage		
	TOWED DUE TO DISABLING DAMAGE		
UNIT VEHICLE	Vehicle Removed By		
	CRAIGS TOWING		
	What Driver Was Doing		
	GOING STRAIGHT		
UNIT VEHICLE	Driver Prior Action Other		
	NOT APPLICABLE		
	Driver Actions		
	NO CONTRIBUTING ACTION		
02	Owner Name	Owner Address	
	JONATHAN TREVINO (608) 546-2058	S10111 KNOB RD PLAIN, WI 53577 , US	
Sequence Of Events			
01 02 03 04	Event		
	MOTOR VEH IN TRANSPORT		
	Event		
	UTILITY POLE		
Event			
Event			
Policy Holder			
UNIT	Insurance Company	Individual	
	AMERICAN-FAMILY-INS-CO	JONATHAN TREVINO	
Individual			
UNIT INDIVIDUAL	Driver	Citations Issued	Sex
	JONATHAN TREVINO (608) 546-2058	0	MALE
		Date of Birth	Race
			WHITE
Address		Driver License Number	
S10111 KNOB RD PLAIN, WI 53577 , US		STATE: WISCONSIN COUNTRY: UNITED STATES	
Safety Equipment		On Duty Crash	
Safety Equipment			
Row		Seat Position	
01 - FRONT ROW		07 - LEFT	
SHOULDER & LAP BELT			
Helmet Use		Helmet Compliance	
Eye Protection		Tint Compliance	
02 002	Injury		Airbag
	Injury Severity		DEPLOYED-FRONT
	SUSPECTED MINOR INJURY		
	Ejected	Ejection Path	Trapped/Extricated
NOT EJECTED	NOT EJECTED/NOT APPLICABLE	NOT TRAPPED	
Medical Transport		EMS Agency Identifier	EMS Run #
NOT TRANSPORTED			
Hospital		Date of Death	Time of Death

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	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				

Property Owner	
PROP OWNER 01	Organization/Company ALLIANT ENERGY (608) 267-3976
	Address 4902 N BILTMORE MADISON, WI 53707 1077, US

Fixed Objects Struck				
01	Striking Unit 01	Struck Object UTILITY POLE	Structure Number	Damage Tag Number 000
02	Striking Unit 02	Struck Object UTILITY POLE	Structure Number	Damage Tag Number 0000