

6TL0BGSFJ0
22-11568

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 22-11568	Investigating Officer/Deputy DEPUTY D. KROLIKOWSKI	
Crash Date 11/17/2022		Crash Time 06:00 PM	Date Arrived 11/18/2022	Time Arrived 12:07 PM	
Date Notified 11/18/2022		Time Notified 08:48 AM	Total Units 02	Total Injured 00	Total Killed 00
<input type="checkbox"/> On Emergency	<input checked="" 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 LOST CONTROL AND BEGAN SPINNING OUT AHEAD OF UNIT 2. UNIT 1'S REAR END THEN COLLIDED WITH UNIT 2'S FRONT END. NEITHER UNIT STOPPED AT THE SCENE DUE TO HAZARDOUS AND SLIPPERY ROADS. IT IS UNKNOWN WHAT VEHICLE UNIT 1 WAS OR WHOM WAS DRIVING IT.

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Location

ON USH12 WB 1055 FT N OF SHADY LANE RD IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude 43.549893039	Longitude -89.787072524
	X Coordinate 274862	Y Coordinate 4825656.5
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 03 - FRONT TO REAR	Light Condition DARK/UNLIT	
Road Surface Condition(s) SNOW	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) SNOW		
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 HIT AND RUN	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? UNKNOWN	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 65	Total Lanes 4
	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 NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type CONCRETE	Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO				

Vehicle

UNIT 01 VEHICLE 02	License Plate Number UNKNOWN	Plate Type AUT - AUTOMOBILE	St OT	Country of Issuance UNITED STATES
	Vehicle Identification Number	Make	Year	Model
	Color	Body Style		Bus Use
	Initial Contact Point 07 - LEFT REAR CORNER	Vehicle Damage 07 - LEFT REAR CORNER		
Extent Of Damage FUNCTIONAL DAMAGE				

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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By	
	What Driver Was Doing SLOW/STOPPING		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions SPEED TOO FAST/COND, FAILURE TO CONTROL			
01 02	Owner Name		Owner Address	
Sequence Of Events				
01 02 03 04	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
Individual				
UNIT INDIVIDUAL	Driver UNKNOWN		Citations Issued 0	Sex
			Date of Birth	Race
	Address		Driver License Number	
Safety Equipment				
		On Duty Crash	Safety Equipment	
Row 01 - FRONT ROW		Seat Position 07 - LEFT	NONE USED - VEHICLE OCCUPANT	
Helmet Use		Helmet Compliance		
Eye Protection		Tint Compliance		
01 002	Injury		Injury Severity NO APPARENT INJURY	Airbag NOT APPLICABLE
	Ejected NOT APPLICABLE		Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT APPLICABLE
	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	
	Suspected Drug Use	
	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 NOT OBSERVED	

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 WESTBOUND		Pre Crash Tire Mark <input type="checkbox"/>	
	Speed Limit 65		Total Lanes 4			
	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 NO CONTROL		Traffic Control Inoperative/Missing NO
Surface Type CONCRETE			Road Curvature STRAIGHT		Road Grade LEVEL	
Truck Bus or HazMat NO						

Vehicle

UNIT VEHICLE 02 01	License Plate Number 298VVP		Plate Type AUT - AUTOMOBILE		St WI		Country of Issuance UNITED STATES	
	Vehicle Identification Number 2GKALUEK5C6268748		Make GENERAL MOTORS COR		Year 2012		Model TERRAIN SL	
	Color WHI - WHITE		Body Style LL - CARRYALL				Bus Use NOT A BUS	
	Initial Contact Point 12 - FRONT		Vehicle Damage					
	Extent Of Damage FUNCTIONAL DAMAGE		12 - FRONT					
	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR					
	What Driver Was Doing GOING STRAIGHT							

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UNIT VEHICLE	Vehicle Factors	
	Driver Prior Action Other	NOT APPLICABLE
	Driver Actions NO CONTRIBUTING ACTION	
02 01	Owner Name HEIDI ANN RAULS (608) 334-9731	Owner Address 903 PARKSIDE DR WAUNAKEE, WI 53597 , US
	Sequence Of Events	
04 01 02 03 04	Event MOTOR VEH IN TRANSPORT	
	Event	
	Event	
	Event	
UNIT	Policy Holder	
	Insurance Company SAFECO-INS-CO-OF-AMERICA	Individual HEIDI RAULS
UNIT INDIVIDUAL	Individual	
	Driver HEIDI ANN RAULS (608) 334-9731	Citations Issued 0
		Sex FEMALE
		Race WHITE
	Address 903 PARKSIDE DR WAUNAKEE, WI 53597 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES
02 001	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	
	Non Motorist	
	Striking Unit#	Location

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UNIT INDIVIDUAL 02 001	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 NOT OBSERVED		