

6TL0B8M804  
22-12433

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 <b>22-12433</b>		Investigating Officer/Deputy <b>SERGEANT T. CLAUER</b>	
Crash Date <b>12/13/2022</b>		Crash Time <b>11:00 AM</b>		Date Arrived <b>12/13/2022</b>		Time Arrived <b>12:24 PM</b>	
Date Notified <b>12/13/2022</b>		Time Notified <b>11:55 AM</b>		Total Units <b>02</b>		Total Injured <b>01</b>	Total Killed <b>00</b>
<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 <b>NO</b>		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>				<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

<p>Diagram</p> <p>westbound lane north turn lane</p> <p>westbound lane USH 14</p> <p>westbound lane south turn lane</p> <p>Eastbound lane</p> <p>Not to Scale</p>	Reconstruction By
	Photos By <b>SGT. CLAUER</b>
	Additional Information <b>PHOTOS</b>

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

UNIT ONE ENTERED THE ROADWAY FROM A PRIVATE DRIVE ATTEMPTING TO TRAVEL ACROSS USH 14 TO ENTER A BUSINESS DRIVE. UNIT ONE OPERATOR DIDN'T OBSERVE UNIT TWO TRAVELING WEST ON USH 14 AND PULLED OUT IN FRONT OF UNIT 2. UNIT TWO STRUCK UNIT ONE ON THE DRIVERS SIDE. BOTH VEHICLES HAD DISABLING DAMAGE. UNIT TWO OPERATOR TRANSPORTED BY EMS TO HOSPITAL. UNIT ONE OPERATOR ISSUED CITATION FOR FYR.

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Location

ON USH14 WB 146 FT E OF PRAIRIE VIEW RD/ STH23 WB IN THE TOWN OF SPRING GREEN IN SAUK COUNTY	Latitude <b>43.189687228</b>	Longitude <b>-90.073311425</b>
	X Coordinate <b>250263.671875</b>	Y Coordinate <b>4786466</b>
	Structure Type <b>NO STRUCTURE</b>	

Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>		First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>01 - ANGLE</b>		Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>		Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>			
Weather Condition(s) <b>CLOUDY</b>			
Animal Type		Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>		Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land		Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>	

Unit Summary

<b>UNIT</b>	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>PASSENGER CAR</b>				Operating As Endorsements	
	Total Occs <b>01</b>	Train/Bus # Recorded	Total # Citations Issued <b>01</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>SOUTHBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>45</b>	Total Lanes <b>04</b>	
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>		Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>					

Vehicle

<b>UNIT</b>	<b>01</b>	<b>Vehicle</b>			
		License Plate Number <b>ADY6148</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>WBAVC93508K040035</b>	Make <b>BMW</b>	Year <b>2008</b>	Model <b>328</b>
		Color <b>BLU - BLUE</b>	Body Style <b>4D - 4DR</b>		Bus Use
		Initial Contact Point <b>10 - LEFT SIDE FRONT</b>	Vehicle Damage <b>09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT</b>		



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UNIT	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>GEORGES AUTO BODY</b>		
	What Driver Was Doing <b>ENTERING TRAFFIC LANE</b>		Vehicle Factors		
	Driver Prior Action Other		<b>NOT APPLICABLE</b>		
	Driver Actions <b>FAILED TO YIELD RIGHT-OF-WAY, FAILURE TO CONTROL, LOOKED BUT DID NOT SEE</b>				
01	01	Owner Name <b>JACOB CLARY (608) 477-8993</b>		Owner Address <b>1930 CRESTWOOD DR PLAIN, WI 53577 , US</b>	
		<b>Sequence Of Events</b>			
UNIT	01	Event <b>MOTOR VEH IN TRANSPORT</b>			
		Event			
		Event			
		Event			
UNIT	01	<b>Policy Holder</b>			
		Insurance Company <b>PROGRESSIVE-CASUALTY-INS-CO</b>	Individual <b>JACOB CLARY</b>		
UNIT	01	<b>Individual</b>			
		Driver <b>LANDON CLARY (608) 477-8993</b>	Citations Issued <b>01</b>	Sex <b>MALE</b>	
		Address <b>1930 CRESTWOOD DR PLAIN, WI 53577 , US</b>		Date of Birth	Race <b>WHITE</b>
		Driver License Number			
UNIT	01	<b>Safety Equipment</b>			
		On Duty Crash	Safety Equipment		
		Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	<b>SHOULDER &amp; LAP BELT</b>	
		Helmet Use	Helmet Compliance		
Eye Protection		Tint Compliance			
UNIT	001	<b>Injury</b>			
		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>DEPLOYED-COMBINATION</b>		
		Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>	
		Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier	EMS Run #	
Hospital		Date of Death	Time of Death		
<b>Distracted By</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>			
<b>Distracted By Action</b>		<b>NOT DISTRACTED</b>			

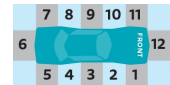
<b>UNIT</b>	<b>INDIVIDUAL</b>	<b>Non Motorist</b>		Striking Unit #	Location		
		Prior Action					
		Action					
		Action Other					
		To/From School					
		<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>		
		Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type		Alcohol Test Results	
		Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type		Drug Test Results	
		Drug Type					
		Individual Condition <b>APPEARED NORMAL</b>					
<b>01</b>	<b>001</b>	<b>Violations</b>					
		UTC Number <b>BG115307</b>	Issue To? <b>001</b>	Statute Number <b>346.18(4)</b>	Description <b>FAIL/YIELD EMERGING FROM NONHIGHWAY ACCESS</b>		

**Unit Summary**

<b>UNIT</b>	<b>02</b>	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>TRUCK</b>		
		Vehicle Type <b>(SPORT) UTILITY VEHICLE</b>					Operating As Endorsements	
		Total Occs <b>01</b>	Train/Bus # Recorded		Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
		Insurance? <b>YES</b>	Direction Of Travel <b>WESTBOUND</b>		<input type="checkbox"/> <b>Pre Crash Tire Mark</b>	Speed Limit <b>45</b>	Total Lanes <b>04</b>	
		Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>			Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
		Traffic Way <b>TWO-WAY, NOT DIVIDED</b>			Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
		Surface Type <b>BLACKTOP (BITUMINOUS)</b>			Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>	
		Truck Bus or HazMat <b>NO</b>						

**Vehicle**

<b>02</b>	<b>02</b>	License Plate Number <b>GLTNR</b>		Plate Type <b>FRF - FIRE RESCUE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
		Vehicle Identification Number <b>1J4FA39S44P732250</b>		Make <b>JEEP</b>	Year <b>2004</b>	Model <b>WRANGLER</b>	
		Color <b>BLU - BLUE</b>		Body Style <b>2D - 2DR</b>		Bus Use	
		Initial Contact Point <b>12 - FRONT</b>					



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UNIT VEHICLE	Extent Of Damage <b>DISABLING DAMAGE</b>		Vehicle Damage <b>01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT, 14 - UNDERCARRIAGE</b>		
	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>GEORGES AUTO BODY</b>		
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors		
	Driver Prior Action Other		<b>NOT APPLICABLE</b>		
UNIT VEHICLE	Driver Actions <b>NO CONTRIBUTING ACTION</b>				
	Owner Name <b>JAMES SCHMITT JR (608) 795-2636</b>		Owner Address <b>737 WINDMILL DR MAZOMANIE, WI 53560 , US</b>		
<b>Sequence Of Events</b>					
UNIT VEHICLE	01	Event <b>MOTOR VEH IN TRANSPORT</b>			
	02	Event			
	03	Event			
	04	Event			
<b>Policy Holder</b>					
UNIT VEHICLE	Insurance Company <b>WEST-BEND-MUTUAL-INS-CO</b>		Individual <b>JAMES SCHMITT</b>		
	<b>Individual</b>				
UNIT INDIVIDUAL	Driver <b>JAMES SCHMITT JR (608) 795-2636</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>	
	Address <b>737 WINDMILL DR MAZOMANIE, WI 53560 , US</b>		Date of Birth	Race <b>WHITE</b>	
			Driver License Number		
UNIT INDIVIDUAL	<b>Safety Equipment</b>		On Duty Crash		
			Safety Equipment		
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	<b>SHOULDER &amp; LAP BELT</b>		
	Helmet Use		Helmet Compliance		
	Eye Protection		Tint Compliance		
UNIT INDIVIDUAL	<b>Injury</b>		Injury Severity <b>SUSPECTED MINOR INJURY</b>		
			Airbag <b>DEPLOYED-FRONT</b>		
	Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		Trapped/Extricated <b>NOT TRAPPED</b>	
	Medical Transport <b>EMS GROUND</b>		EMS Agency Identifier <b>6000554</b>	EMS Run #	
	Hospital <b>ST MARYS HOSP</b>		Date of Death	Time of Death	

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<b>UNIT</b>	<b>INDIVIDUAL</b>	<b>Distracted By</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>				
		<b>Distracted By Action</b>		<b>NOT DISTRACTED</b>				
		<b>Non Motorist</b>	Striking Unit #	Location				
			Prior Action					
		Action						
		Action Other				To/From School		
		<b>02</b>	<b>002</b>	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>		
						Suspected Drug Use <b>NO</b>		
				Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type		Alcohol Test Results
				Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type		Drug Test Results
Drug Type								
Individual Condition <b>NOT OBSERVED</b>								