

6TL0CX0QB8  
22-12910

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 22-12910	Investigating Officer/Deputy DEPUTY M. KYLE	
Crash Date 12/27/2022		Crash Time 11:54 AM	Date Arrived 12/27/2022	Time Arrived 12:13 PM	
Date Notified 12/27/2022		Time Notified 11:56 AM	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>	Reconstruction By
	Photos By MCCARTY 9130
	Additional Information PHOTOS

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

UNIT 1 TRAVELING WB ON CHESTNUT ST ATTEMPTING TO ENTER WEST BARABOO MCDONALDS. UNIT 1 OPERATOR STATED SHE THOUGHT SHE HAD ADEQUATE ENOUGH TIME TO ENTER MCDONALDS. UNIT 1 STRUCK UNIT 2, WHICH WAS TRAVELING EB ON CHESTNUT AS IT WAS TURNING LEFT ACROSS THE EB LANE OF TRAVEL. BOTH OPERATORS ID'D BY WI DL. NO INJURIES SUSTAINED. BOTH VEHICLES SUSTAINED LIGHT FUNCTIONAL DAMAGE TO FRONT ENDS. BOTH VEHICLES WERE REMOVED BY OPERATORS. UNIT 1 OPERATOR VERBALLY WARNED FOR FAILURE TO YIELD RIGHT-OF-WAY.

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## Location

ON CHESTNUT ST 190 FT W OF MULBERRY ST IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY	Latitude 43.472910984	Longitude -89.767766677
	X Coordinate 276136.96875	Y Coordinate 4817054.5
	Structure Type NO STRUCTURE	

## Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>02 - FRONT TO FRONT</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

UNIT 01	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>3</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"/> Pre Crash Tire Mark	Speed Limit <b>25</b>	Total Lanes <b>2</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

UNIT VEHICLE 01	License Plate Number <b>AKS9841</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>3LNHL2GC3CR816187</b>	Make <b>LINCOLN</b>	Year <b>2012</b>	Model <b>MKZ</b>
	Color <b>WHI - WHITE</b>	Body Style <b>SD - SEDAN</b>	Bus Use	
	Initial Contact Point <b>12 - FRONT</b>	Vehicle Damage		
	Extent Of Damage <b>FUNCTIONAL DAMAGE</b>	<b>12 - FRONT</b>		



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UNIT VEHICLE	Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OPERATOR</b>		
	What Driver Was Doing <b>LEFT TURN</b>	Vehicle Factors		
	Driver Prior Action Other	<b>NOT APPLICABLE</b>		
	Driver Actions <b>FAILED TO YIELD RIGHT-OF-WAY</b>			
01 01	Owner Name <b>LANAIH CLEMONS VODAK (608) 403-8802</b>	Owner Address <b>E8850 DIAMOND HILL RD NORTH FREEDOM, WI 53951 , US</b>		
	<b>Sequence Of Events</b>			
01 02 03 04	Event <b>MOTOR VEH IN TRANSPORT</b>			
	Event <b>LEFT TURN</b>			
	Event			
	Event			
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>LIBERTY-MUTUAL-INS-CO</b>	Individual <b>LANAIH VODAK</b>		
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>LANAIH CLEMONS VODAK (608) 403-8802</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
		Date of Birth [REDACTED]	Race <b>WHITE</b>	
	Address <b>E8850 DIAMOND HILL RD NORTH FREEDOM, WI 53951 , US</b>	Driver License Number [REDACTED] <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
01 001	<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	
	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</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>		
Distracted By Action <b>NOT DISTRACTED</b>				

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

<b>UNIT</b>	<b>INDIVIDUAL</b>	<b>Non Motorist</b>		Striking Unit #	Location		
		Prior Action					
		Action					
		Action Other				To/From School	
<b>01</b>	<b>001</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>APPEARED NORMAL</b>					
		<b>Individual</b>					
		Passenger <b>FANTASIA HAZEL DEBORA CLEMONS</b>			Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
					Date of Birth [REDACTED]	Race	
		Address <b>545 PUBLIC AVE BELOIT, WI 53511 , US</b>			Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
		<b>01</b>	<b>002</b>	<b>Safety Equipment</b>		On Duty Crash	
				Safety Equipment <b>SHOULDER &amp; LAP BELT</b>			
Row <b>01 - FRONT ROW</b>	Seat Position <b>09 - RIGHT</b>						
Helmet Use				Helmet Compliance			
Eye Protection				Tint Compliance			
<b>Injury</b>				Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</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					
Distracted By Action							
<b>Non Motorist</b>		Striking Unit #	Location				

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UNIT	INDIVIDUAL	Prior Action			
		Action			
		Action Other	To/From School		
01	002	<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>Individual</b>			
		UNIT	INDIVIDUAL	Passenger <b>BOONE WB VODAK</b> (608) 403-8802	Citations Issued <b>0</b>
	Date of Birth [REDACTED]			Race <b>WHITE</b>	
Address <b>E8850 DIAMOND HILL RD</b> <b>NORTH FREEDOM, WI 53951 , US</b>	Driver License Number				
<b>Safety Equipment</b>					
On Duty Crash	Safety Equipment				
Row <b>02 - SECOND ROW</b>	Seat Position <b>07 - LEFT</b>			<b>SHOULDER &amp; LAP BELT</b>	
Helmet Use	Helmet Compliance				
Eye Protection	Tint Compliance				
01	003			<b>Injury</b>	
				Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</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			
		Distracted By Action			
		<b>Non Motorist</b>			
		Striking Unit #	Location		
Prior Action					

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<b>UNIT</b>	<b>INDIVIDUAL</b>	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>003</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>AUTOMOBILE</b>							
		Vehicle Type <b>PASSENGER CAR</b>				Operating As Endorsements							
		Total Occs <b>1</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>EASTBOUND</b>		<input type="checkbox"/> Pre Crash Tire Mark		Speed Limit <b>25</b>		Total Lanes <b>2</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>VEHICLE</b>	<b>02</b>	<b>02</b>	License Plate Number <b>202ECW</b>		Plate Type <b>AUT - AUTOMOBILE</b>		St <b>WI</b>		Country of Issuance <b>UNITED STATES</b>					
				Vehicle Identification Number <b>1HGCM56817A014698</b>		Make <b>HONDA</b>		Year <b>2007</b>		Model <b>ACCORD</b>					
				Color <b>BLU - BLUE</b>		Body Style <b>4D - 4DR</b>				Bus Use					
				Initial Contact Point <b>12 - FRONT</b>		Vehicle Damage <b>12 - FRONT</b>									
				Extent Of Damage <b>FUNCTIONAL DAMAGE</b>											
				Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>									
				What Driver Was Doing <b>GOING STRAIGHT</b>											

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UNIT VEHICLE	Vehicle Factors	
	Driver Prior Action Other	NOT APPLICABLE
	Driver Actions NO CONTRIBUTING ACTION	
02	Owner Name ROBIN A WHYTE (608) 393-4574	Owner Address 226 9TH AVE BARABOO, WI 53913 , US
	<b>Sequence Of Events</b>	
01 02 03 04	Event MOTOR VEH IN TRANSPORT	
	Event	
	Event	
	Event	
UNIT	<b>Policy Holder</b>	
	Insurance Company OWNERS-INS-CO	Individual ROBIN WHYTE
UNIT INDIVIDUAL	<b>Individual</b>	
	Driver ROBIN A WHYTE (608) 393-4574	Citations Issued 0
		Sex FEMALE
		Race WHITE
	Address 226 9TH AVE BARABOO, WI 53913 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES
02	<b>Safety Equipment</b>	
	On Duty Crash	Safety Equipment
	Row 01 - FRONT ROW	Seat Position 07 - LEFT
	SHOULDER & LAP BELT	
	Helmet Use	Helmet Compliance
	Eye Protection	Tint Compliance
004	<b>Injury</b>	
	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
	Hospital	EMS Run#
		Date of Death
		Time of Death
	<b>Distracted By</b>	
	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)	
	Distracted By Action NOT DISTRACTED	
	<b>Non Motorist</b>	
	Striking Unit#	Location

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<b>UNIT</b>	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>02</b>	<b>004</b>		