

6TL0D94296
23-00309

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 23-00309		Investigating Officer/Deputy DEPUTY M. PETERSON	
Crash Date 01/09/2023		Crash Time 02:25 PM		Date Arrived 01/09/2023		Time Arrived 02:41 PM	
Date Notified 01/09/2023		Time Notified 02:28 PM		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
	Additional Information NONE

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

UNIT 1 WAS TRAVELING NORTH ON CTH DL AND INDICATED A LEFT TURN (WEST) ONTO MINE RD. UNIT 2, ALSO TRAVELING NORTHBOUND ON CTH DL, APPROACHED UNIT 1 FROM THE REAR. UNIT 2 THEN REAR ENDED UNIT 1. UNIT 2 DRIVER, IDENTIFIED BY WI DRIVERS LICENSE, SAID SHE SAW BREAK LIGHTS AND TURN SIGNAL ON UNIT 1 BUT COULDN'T SLOWDOWN IN TIME. BOTH VEHICLES SUSTAINED FUNCTIONAL DAMAGE AND WERE DRIVEN FROM THE SCENE. SEATBELTS WERE WORN AND THERE WAS NO AIRBAG DEPLOYMENT. UNIT 2'S OPERATOR WAS ISSUED A CITATION FOR FOLLOWING TOO CLOSELY.

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Location

ON BREEZY KNOLL LN/ STH123 NB 47 FT S OF MINE RD IN THE TOWN OF BARABOO IN SAUK COUNTY	Latitude 43.449016166	Longitude -89.743809604
	X Coordinate 277987.28125	Y Coordinate 4814336.5
	Structure Type NO STRUCTURE	

Crash Scene

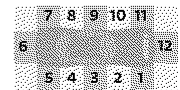
First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 03 - FRONT TO REAR	Light Condition DAYLIGHT	
Road Surface Condition(s) DRY	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) CLEAR		
Animal Type	Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY	Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land	Access Control PARTIAL CONTROL	Special Study
Within Interchange Area NO	Junction Location INTERSECTION	Intersection Type FOUR-WAY INTERSECTION

Unit Summary

UNIT 01	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type AUTOMOBILE		
	Vehicle Type PASSENGER CAR	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 NORTHBOUND	<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 STRAIGHT	Road Grade LEVEL		
	Truck Bus or HazMat NO				

Vehicle

UNIT VEHICLE 01	License Plate Number 12897RA	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 19XFB2F85FE020452	Make HONDA	Year 2015	Model CIVIC EX
	Color BLU - BLUE	Body Style 4D - 4DR	Bus Use	
	Initial Contact Point 06 - REAR	Vehicle Damage 04 - RIGHT SIDE REAR, 05 - RIGHT REAR CORNER, 06 - REAR, 07 - LEFT REAR CORNER, 08 - LEFT SIDE REAR		
	Extent Of Damage FUNCTIONAL DAMAGE			



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UNIT VEHICLE	Towed Due To Damage NOT TOWED	Vehicle Removed By OWNER		
	What Driver Was Doing LEFT TURN	Vehicle Factors		
	Driver Prior Action Other	NOT APPLICABLE		
	Driver Actions NO CONTRIBUTING ACTION			
01 01	Owner Name TODD A BERNER (608) 370-3232	Owner Address 901 MOORE ST LOT 24 BARABOO, WI 53913 , US		
	Sequence Of Events			
01 02 03 04	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
UNIT	Policy Holder			
	Insurance Company WISCONSIN-MUTUAL-INS-CO	Individual TODD BERNER		
UNIT INDIVIDUAL	Individual			
	Driver AMY CHRISTINE LEWISON (608) 620-5981	Citations Issued 0	Sex FEMALE	
		Date of Birth [REDACTED]	Race WHITE	
	Address 901 MOORE ST LOT 24 BARABOO, WI 53913 , US	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 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		

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UNIT	INDIVIDUAL	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					
UNIT	INDIVIDUAL	Individual					
		Passenger TODD A BERNER (608) 370-3223		Citations Issued 0	Sex MALE		
				Date of Birth [REDACTED]	Race WHITE		
		Address 901 MOORE ST # 24 BARABOO, WI 53913 , US		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			
		UNIT	INDIVIDUAL	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							
UNIT	INDIVIDUAL	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		

01
002

Unit Summary

UNIT	02	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type TRUCK		
		Vehicle Type (SPORT) UTILITY VEHICLE		Operating As Endorsements		
		Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 1	Total Trailers 0	Total HazMat Types 0
		Insurance? YES	Direction Of Travel NORTHBOUND	<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 STRAIGHT	Road Grade LEVEL	
		Truck Bus or HazMat NO				

UNIT	VEHICLE	Vehicle			
		License Plate Number SAUK37	Plate Type FFO - FIRE FIGHTER RED	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 3TMMU4FN2EM072371	Make TOYOTA	Year 2014	Model TACOMA DOU
		Color WHI - WHITE	Body Style PK - PICKUP	Bus Use	
		Initial Contact Point 12 - FRONT	Vehicle Damage 01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT		
		Extent Of Damage FUNCTIONAL DAMAGE			
		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 FOLLOWING TOO CLOSE	
02	Owner Name TRAVIS EDWARD KLEMM (608) 393-4997	Owner Address 380 14TH ST PRAIRIE DU SAC, WI 53578 , US
	Sequence Of Events	
01 02 03 04	Event MOTOR VEH IN TRANSPORT	
	Event	
	Event	
	Event	
UNIT	Policy Holder	
	Insurance Company ERIE-INS-CO	Individual TRAVIS KLEMM
UNIT INDIVIDUAL	Individual	
	Driver ALEXIS LYNN KLEMM (608) 571-2867	Citations Issued 1
		Sex FEMALE
		Race WHITE
	Address 380 14TH ST PRAIRIE DU SAC, WI 53578 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES
02 003	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	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			
	Violations			
	01	UTC Number BG112594	Issue To? 003	Statute Number 346.14(1m)