

6TL0BGSFJF
23-01275

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 23-01275		Investigating Officer/Deputy DEPUTY D. KROLIKOWSKI	
Crash Date 02/08/2023		Crash Time 08:10 AM		Date Arrived 02/08/2023		Time Arrived 08:21 AM	
Date Notified 02/08/2023		Time Notified 08:10 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

Diagram		Reconstruction By	
		Photos By	
		Additional Information NONE	
		<input checked="" type="checkbox"/> I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.	
UNIT 2 WAS STOPPED FOR A RED LIGHT WHEN UNIT 1 APPROACHED FROM THE REAR AND STRUCK UNIT 2 AT A LOW SPEED.			

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Location

ON STH33 EB 69 FT W OF STH136 EB IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY	Latitude 43.474751887	Longitude -89.769165448
	X Coordinate 276030.65625	Y Coordinate 4817263
	Structure Type NO STRUCTURE	

Crash Scene

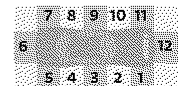
First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 03 - FRONT TO REAR		Light Condition DAYLIGHT	
Road Surface Condition(s) DRY		Roadway Factor(s) NONE	
Environment Factor(s) NONE			
Weather Condition(s) CLEAR			
Animal Type		Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY		Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land		Access Control FULL 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 1	Train/Bus # Recorded	Total # Citations Issued 2	Total Trailers 0	Total HazMat Types 0	
	Insurance? NO	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 25	Total Lanes 3	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way TWO-WAY, DIVIDED, UNPROTECTED (PAINTED > 4		Traffic Control TRAFFIC SIGNAL		Traffic Control Inoperative/Missing NO	
	Surface Type CONCRETE		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

Vehicle

UNIT VEHICLE 01	License Plate Number APA6963		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
	Vehicle Identification Number 1G11E5SAXDF261110		Make CHEVROLET	Year 2013	Model MALIBU	
	Color GRY - GRAY		Body Style SD - SEDAN		Bus Use	
	Initial Contact Point 12 - FRONT		Vehicle Damage			
	Extent Of Damage MINOR DAMAGE		12 - FRONT			



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UNIT VEHICLE	Towed Due To Damage NOT TOWED	Vehicle Removed By ARNESON SERVICE	
	What Driver Was Doing SLOW/STOPPING	Vehicle Factors	
	Driver Prior Action Other	NOT APPLICABLE	
	Driver Actions OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER		
01 01	Owner Name MICHAEL J FOLAND (608) 408-4002	Owner Address 317 W FLINT ST # 11 LYNDON STATION, WI 53944 , US	
	Sequence Of Events		
01 02 03 04	Event MOTOR VEH IN TRANSPORT		
	Event		
	Event		
	Event		
UNIT INDIVIDUAL	Individual		
	Driver JENNIFER ROSE CYP CAR (608) 408-4002	Citations Issued 2	Sex FEMALE
		Date of Birth [REDACTED]	Race WHITE
	Address 317 W FLINT ST # 11 LYNDON STATION, WI 53944 , US	Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES	
01 001	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	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	001	UTC Number BG942010	Issue To? 001	Statute Number 343.44(1)(b)
02	01	UTC Number BG942029	Issue To? 001	Statute Number 344.62(1)	Description OPERATE MOTOR VEHICLE W/O INSURANCE

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 25	Total Lanes 3
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION	Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way TWO-WAY, DIVIDED, UNPROTECTED (PAINTED > 4		Traffic Control TRAFFIC SIGNAL	Traffic Control Inoperative/Missing NO	
	Surface Type CONCRETE		Road Curvature STRAIGHT	Road Grade LEVEL	
	Truck Bus or HazMat NO				

Vehicle

02	02	License Plate Number AFB2385	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 5NMS3CAD5LH193267		Make HYUNDAI	Year 2020	Model SANTA FE
	Color WHI - WHITE		Body Style UT - SPORT UTILITY VEHICLE	Bus Use	
	Initial Contact Point 06 - REAR				

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UNIT VEHICLE	Vehicle Damage		7 8 9 10 11 5 4 3 2 1
	Extent Of Damage MINOR DAMAGE	06 - REAR	
	Towed Due To Damage NOT TOWED	Vehicle Removed By	
	What Driver Was Doing STOP IN TRAFFIC	Vehicle Factors	
UNIT VEHICLE	Driver Prior Action Other	NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION		
	Owner Name ARI FLEET LT	Owner Address 4001 LEADENHALL RD MOUNT LAUREL, NJ 08054 , US	
	Sequence Of Events		
UNIT VEHICLE	Event MOTOR VEH IN TRANSPORT		
	Event		
	Event		
	Event		
UNIT VEHICLE	Policy Holder		
	Insurance Company WILLIS TOWERS WATSON SOUTHEAST INC	Organization/Company ARI FLEET LT	
UNIT INDIVIDUAL	Individual		
	Driver COURTNEY LEE DAVIS (608) 323-0843	Citations Issued 0	Sex FEMALE
		Date of Birth [REDACTED]	Race
	Address 1401 LAKE ST ONALASKA, WI 54650 , US	Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES	
UNIT INDIVIDUAL	Safety Equipment		On Duty Crash
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	Safety Equipment SHOULDER & LAP BELT
	Helmet Use		Helmet Compliance
	Eye Protection		Tint Compliance
UNIT INDIVIDUAL	Injury		Airbag
	NO APPARENT INJURY		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

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UNIT INDIVIDUAL 02 002	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	