

6TL0C9H5MH  
23-01836

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

SAUK COUNTY SHERIFFS DEPARTMENT  
1300 LANGE COURT  
BARABOO, WI 53913  
(608) 356-4895

6TL0C9H5MH

Document Number Override		Primary Crash Document #		Agency Crash Number <b>23-01836</b>		Investigating Officer/Deputy <b>SERGEANT M. TATE</b>	
Crash Date <b>02/21/2023</b>		Crash Time <b>05:09 PM</b>		Date Arrived <b>02/21/2023</b>		Time Arrived <b>05:18 PM</b>	
Date Notified <b>02/21/2023</b>		Time Notified <b>05:10 PM</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

Diagram		Reconstruction By	
		Photos By <b>SGT TATE</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 1 WAS WESTBOUND ON HWY 60. UNIT 1 OPERATOR STATED A TRUCK IN FRONT OF HIM SLAMMED ON HIS BRAKES. UNIT 1 STATED HE SLAMMED ON HIS BRAKES. UNIT 2 OPERATOR STATED UNIT 1 SLAMMED ON HIS BRAKES. UNIT 2 OPERATOR STATED HE SLAMMED ON HIS BRAKES AS WELL BUT WAS UNABLE TO STOP BEFORE STRIKING UNIT 1. UNIT 2 REARENDED UNIT 1. UNIT 1 OPERATOR TRANSPORTED BY EMS FOR BACK PAIN. UNIT 1 HAD MINOR REAR END DAMAGE. UNIT 1 WAS REMOVED BY FAMILY. UNIT 2 HAD FRONT END DAMAGE. UNIT 2 WAS REMOVED BY OPERATOR.

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Location

ON STH60 WB 41 FT W OF ROUND RIVER TRL IN THE TOWN OF TROY IN SAUK COUNTY	Latitude <b>43.199389994</b>	Longitude <b>-89.914043124</b>
	X Coordinate <b>263244.03125</b>	Y Coordinate <b>4787080.5</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>03 - FRONT TO REAR</b>	Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>WET</b>	Roadway Factor(s)  <b>ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC)</b>	
Environment Factor(s) <b>NONE</b>		
Weather Condition(s) <b>SNOW</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>INTERSECTION</b>	Intersection Type <b>T-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>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>WESTBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>55</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 01 VEHICLE	License Plate Number <b>ARV6399</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
	Vehicle Identification Number <b>2C3CK6CT4BH588116</b>		Make <b>CHRYSLER</b>	Year <b>2011</b>	Model <b>300C</b>	
	Color <b>GRY - GRAY</b>		Body Style <b>SD - SEDAN</b>		Bus Use	
	Initial Contact Point <b>06 - REAR</b>		Vehicle Damage <b>05 - RIGHT REAR CORNER, 06 - REAR</b>			
	Extent Of Damage <b>FUNCTIONAL DAMAGE</b>					



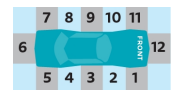
UNIT	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By		
	What Driver Was Doing <b>SLOW/STOPPING</b>		Vehicle Factors		
	Driver Prior Action Other		<b>NOT APPLICABLE</b>		
	Driver Actions <b>NO CONTRIBUTING ACTION</b>				
01	01	Owner Name <b>ISIAIAH HEINS</b> (608) 341-6389		Owner Address <b>514 W CLARENCE ST</b> <b>DODGEVILLE, WI 53533 , 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-CLASSIC-INS-CO</b>	Individual <b>ISIAIAH HEINS</b>		
UNIT	01	<b>Individual</b>			
		Driver <b>ISIAIAH HEINS</b> (608) 341-6389	Citations Issued <b>0</b>	Sex <b>MALE</b>	
		Address <b>514 W CLARENCE ST</b> <b>DODGEVILLE, WI 53533 , US</b>		Date of Birth	Race <b>WHITE</b>
		Driver License Number			
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>SUSPECTED MINOR 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>EMS GROUND</b>		EMS Agency Identifier <b>6000555</b>	EMS Run #		
Hospital <b>UPLAND HILLS HEALTH</b>		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>			

UNIT  INDIVIDUAL       01 001	<b>Non Motorist</b>		Striking Unit #	Location	
	Prior Action				
	Action				
	Action Other			To/From School	
	<b>Drug &amp; Alcohol</b>		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 Summary**

UNIT  02	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 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	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  02 02	<b>Vehicle</b>				
	License Plate Number AGY3022		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number KMH DU4AD9AU905079		Make HYUNDAI	Year 2010	Model ELANTRA
	Color GRN - GREEN		Body Style SD - SEDAN		Bus Use
	Initial Contact Point 12 - FRONT		Vehicle Damage		
	Extent Of Damage FUNCTIONAL DAMAGE		01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT		
	Towed Due To Damage NOT TOWED		Vehicle Removed By		



WISCONSIN MOTOR VEHICLE  
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UNIT VEHICLE	What Driver Was Doing <b>GOING STRAIGHT</b>	Vehicle Factors	
	Driver Prior Action Other	<b>NOT APPLICABLE</b>	
	Driver Actions <b>FOLLOWING TOO CLOSE</b>		
02	Owner Name <b>JOSEPH NORRIS</b>	Owner Address <b>432 W FRONT ST MUSCODA, WI 53573 , US</b>	
<b>Sequence Of Events</b>			
01	Event <b>MOTOR VEH IN TRANSPORT</b>		
02	Event		
03	Event		
04	Event		
UNIT	<b>Policy Holder</b>		
	Insurance Company <b>PROGRESSIVE-CLASSIC-INS-CO</b>	Individual <b>JOSEPH NORRIS</b>	
INDIVIDUAL	<b>Individual</b>		
	Driver <b>JEREMY NORRIS (920) 379-5467</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>
	Address <b>135 CIMARRON CT # F OSHKOSH, WI 54902 , US</b>	Date of Birth	Race <b>WHITE</b>
02	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>
002	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
	Hospital		EMS Run #
	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>			
<b>Non Motorist</b>	Striking Unit #	Location	

UNIT	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>		
	02	002	