

6TL0C884K2  
23-01964

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>23-01964</b>		Investigating Officer/Deputy <b>DEPUTY T. SUTHERLAND</b>		
Crash Date <b>02/25/2023</b>		Crash Time <b>10:50 AM</b>		Date Arrived <b>02/25/2023</b>		Time Arrived <b>11:01 AM</b>		
Date Notified <b>02/25/2023</b>		Time Notified <b>10:56 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>Not To Scale</p>	Reconstruction By
	Photos By
	Additional Information <b>NONE</b>

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

ON 02-25-23 UNIT 2 WAS SOUTHBOUND ON STH 23. UNIT 1 WAS PULLING OUT FROM THE STOP SIGN AT CTH W AND STH 23. UNIT 1 PULLED DIRECTLY INTO THE PATH OF UNIT 2 ON STH 23 CAUSING THE COLLISION.

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## Location

ON STH23 WB 9 FT N OF CTHW SB IN THE TOWN OF WESTFIELD IN SAUK COUNTY	Latitude <b>43.39562055</b>	Longitude <b>-90.03648635</b>
	X Coordinate <b>254088.21875</b>	Y Coordinate <b>4809228.5</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>01 - ANGLE</b>		Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>WET</b>		Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>			
Weather Condition(s) <b>CLEAR</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

<b>UNIT</b>	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>TRUCK</b>	
	Vehicle Type <b>UTILITY TRUCK/PICKUP TRUCK</b>				Operating As Endorsements	
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>1</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 CrashTire Mark</b>	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>STOP SIGN</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>					

<b>UNIT</b>	<b>Vehicle</b>						
	<b>01</b>	License Plate Number <b>TET069</b>		Plate Type <b>LTK - LIGHT TRUCK</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
		Vehicle Identification Number <b>1G61KVEY2JF136039</b>		Make <b>CHEVROLET</b>	Year <b>2018</b>	Model <b>SILVERADO</b>	
		Color <b>SIL - SILVER (ALUMINUM)</b>		Body Style <b>PK - PICKUP</b>		Bus Use	
		Initial Contact Point <b>02 - RIGHT SIDE FRONT</b>		Vehicle Damage <b>02 - RIGHT SIDE FRONT</b>			
<b>VEHICLE</b>	Extent Of Damage <b>FUNCTIONAL DAMAGE</b>						



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UNIT VEHICLE	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>STEVES AUTO SERVICE</b>	
	What Driver Was Doing <b>GOING STRAIGHT</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>KENNETH ALT (608) 434-1881</b>		Owner Address <b>1230 CARPENTER ST BARABOO, WI 53913 , US</b>
<b>Sequence Of Events</b>				
01	01	Event <b>MOTOR VEH IN TRANSPORT</b>		
02	02	Event		
03	03	Event		
04	04	Event		
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>ACUITY,-A-MUTUAL-INSURANCE-CO</b>		Individual <b>KENNETH ALT</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>KENNETH ALT (608) 434-1881</b>		Citations Issued <b>1</b>	Sex <b>MALE</b>
	Address <b>1230 CARPENTER ST BARABOO, WI 53913 , US</b>		Date of Birth	Race <b>WHITE</b>
	Driver License Number		<b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
01	001	<b>Safety Equipment</b>		Safety Equipment
		On Duty Crash	<b>SHOULDER &amp; LAP BELT</b>	
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	Helmet Compliance	
	Helmet Use		Tint Compliance	
	Eye Protection		Airbag <b>DEPLOYED-SIDE</b>	
01	001	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>
		Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>
	Medical Transport <b>NOT TRANSPORTED</b>		Trapped/Extricated <b>NOT TRAPPED</b>	
	Hospital		EMS Agency Identifier	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>				

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<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>Violations</b>					
<b>01</b>	UTC Number <b>BD759601</b>	Issue To? <b>001</b>	Statute Number <b>346.18(3)</b>	Description <b>FAIL/YIELD RIGHT/WAY FROM STOP SIGN</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 VAN</b>				Operating As Endorsements							
		Total Occs <b>2</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>SOUTHBOUND</b>		<input type="checkbox"/> <b>Pre Crash Tire Mark</b>		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

<b>02</b>	<b>02</b>	License Plate Number <b>Z0MBHTR</b>		Plate Type <b>AUT - AUTOMOBILE</b>		St <b>WI</b>		Country of Issuance <b>UNITED STATES</b>	
		Vehicle Identification Number <b>2A8HR54P68R802642</b>		Make <b>CHRYSLER</b>		Year <b>2008</b>		Model <b>TOWN COUNT</b>	
		Color <b>RED - RED</b>		Body Style <b>VN - VAN</b>				Bus Use	
		Initial Contact Point <b>12 - FRONT</b>							



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UNIT VEHICLE	Vehicle Damage		
	Extent Of Damage <b>DISABLING DAMAGE</b>	<b>12 - FRONT</b>	
	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	Vehicle Removed By <b>STEVES AUTO SERVICE</b>	
	What Driver Was Doing <b>GOING STRAIGHT</b>	Vehicle Factors	
UNIT VEHICLE	Driver Prior Action Other	<b>NOT APPLICABLE</b>	
	Driver Actions <b>NO CONTRIBUTING ACTION</b>		
	Owner Name <b>JESSE BELL (608) 381-0711</b>	Owner Address <b>E5961 SUNRISE ROAD LOGANVILLE, WI 53943 , US</b>	
	<b>Sequence Of Events</b>		
UNIT VEHICLE	Event <b>MOTOR VEH IN TRANSPORT</b>		
	Event		
	Event		
	Event		
UNIT VEHICLE	<b>Policy Holder</b>		
	Insurance Company <b>AMERICAN-FAMILY-INS-CO</b>	Individual <b>JESSE BELL</b>	
	<b>Individual</b>		
	Driver <b>SABRINA HACKL FRANK (608) 432-4348</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>
UNIT INDIVIDUAL	Date of Birth	Race <b>WHITE</b>	
	Address <b>775 PARK AVE PLAIN, WI 53577 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
	<b>Safety Equipment</b>		On Duty Crash
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>
UNIT INDIVIDUAL	Helmet Use		Helmet Compliance
	Eye Protection		Tint Compliance
	<b>Injury</b>	Injury Severity <b>NO APPARENT 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>
UNIT INDIVIDUAL	Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier
	Hospital		EMS Run #
UNIT INDIVIDUAL	Date of Death		Time of Death

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<b>UNIT</b>	<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
	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>UNIT</b>	<b>Individual</b>	
	Passenger <b>JESSE BELL</b> <b>(608) 381-0711</b>	Citations Issued <b>0</b> Sex <b>MALE</b>
		Date of Birth Race <b>WHITE</b>
	Address <b>E5961 SUNRISE RD</b> <b>LOGANVILLE, WI 53943 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</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>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>513</b> EMS Run #
Hospital <b>REEDSBURG AREA MED CTR</b>	Date of Death Time of Death	
<b>Distracted By</b>	Distracted By Source	

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UNIT	Distracted By Action				
	<b>Non Motorist</b>	Striking Unit #	Location		
		Prior Action			
	<b>INDIVIDUAL</b>	Action			
		Action Other		To/From School	
		<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use	Suspected Drug Use	
			<b>NO</b>	<b>NO</b>	
	02	003	Alcohol Test Given	Alcohol Test Type	Alcohol Test Results
			<b>TEST NOT GIVEN</b>		
		Drug Test Given	Drug Test Type	Drug Test Results	
<b>TEST NOT GIVEN</b>					
Drug Type					
Individual Condition					
<b>APPEARED NORMAL</b>					