

6TL0BC3B6Z

Document Number Override		Primary Crash Document #		Agency Crash Number <b>23-02521</b>		Investigating Officer/Deputy <b>DEPUTY W. VERTEIN</b>	
Crash Date <b>03/14/2023</b>		Crash Time <b>10:24 AM</b>		Date Arrived <b>03/14/2023</b>		Time Arrived <b>10:38 AM</b>	
Date Notified <b>03/14/2023</b>		Time Notified <b>10:30 AM</b>		Total Units <b>02</b>		Total Injured <b>00</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
	Additional Information <b>NONE</b>

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

ON THE DESCRIBED DATE, TIME, AND LOCATION, UNIT 1 WAS TRAVELING SOUTHBOUND AND UNIT 2 WAS TRAVELING WESTBOUND. THE OPERATOR OF UNIT 1 STATED SHE SAW THE STOP SIGN AND THOUGHT SHE HAD ENOUGH TIME TO STOP. THE OPERATOR OF UNIT 1 DROVE THROUGH THE STOP SIGN AND STRUCK UNIT 2 IN THE RIGHT REAR SIDE. THE OPERATOR OF UNIT 2 ATTEMPTED TO AVOID THE COLLISION, BUT WAS UNABLE TO. NO REPORTED INJURIES.

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WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

Location

ON BIRCHWOOD RD 42 FT N OF CTHP SB IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude <b>43.590452156</b>	Longitude <b>-89.818629729</b>
	X Coordinate <b>272465.59375</b>	Y Coordinate <b>4830247.5</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>DRY</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>AUTOMOBILE</b>	
	Vehicle Type <b>PASSENGER CAR</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>SOUTHBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>35</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>				

Vehicle

<b>VEHICLE</b>	License Plate Number <b>45764DS</b>	Plate Type <b>DIS - DISABLED</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>4T1BE32K05U033117</b>	Make <b>TOYOTA</b>	Year <b>2005</b>	Model <b>CAMRY LE/X</b>
	Color <b>SIL - SILVER (ALUMINUM)</b>	Body Style <b>4D - 4DR</b>		Bus Use
	Initial Contact Point <b>11 - LEFT FRONT CORNER</b>	Vehicle Damage <b>10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER</b>		
	Extent Of Damage <b>MINOR DAMAGE</b>			



UNIT	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>		
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors		
	Driver Prior Action Other		<b>NOT APPLICABLE</b>		
	Driver Actions <b>DISREGARDED STOP SIGN</b>				
01	01	Owner Name <b>BARBARA VETZEL</b> (608) 393-0522		Owner Address <b>309 WISCONSIN AVE # 214</b> <b>WISCONSIN DELLS, WI 53965 , 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-ADVANCED-INSURANCE-CO</b>	Individual <b>BARBARA VETZEL</b>		
UNIT	01	<b>Individual</b>			
		Driver <b>BARBARA VETZEL</b> (608) 393-0522		Citations Issued <b>1</b>	Sex <b>FEMALE</b>
		Address <b>309 WISCONSIN AVE # 214</b> <b>WISCONSIN DELLS, WI 53965 , US</b>		Date of Birth	Race <b>WHITE</b>
				Driver License Number	
01	001	<b>Safety Equipment</b>		On Duty Crash	
				Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
		Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</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>			
<b>Distracted By Action</b>		<b>NOT DISTRACTED</b>			

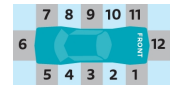
<b>UNIT</b>	<b>INDIVIDUAL</b>	<b>Non Motorist</b>		Striking Unit #	Location		
		Prior Action					
		Action					
		Action Other					
		To/From School					
		<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>		
		Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test 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>01</b>	<b>001</b>	<b>Violations</b>					
		UTC Number <b>AE138543</b>	Issue To? <b>001</b>	Statute Number <b>346.46(1)</b>	Description <b>FAIL/STOP AT 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>(SPORT) UTILITY VEHICLE</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>UNKNOWN</b>	Direction Of Travel <b>WESTBOUND</b>	<input type="checkbox"/> <b>Pre Crash Tire Mark</b>	Speed Limit <b>45</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>222LJT</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>		
		Vehicle Identification Number <b>5XYPGDA30GG082794</b>		Make <b>KIA MOTORS CORPORA</b>	Year <b>2016</b>	Model <b>SORENTO</b>		
		Color <b>PLE - PURPLE</b>		Body Style <b>UT - SPORT UTILITY VEHICLE</b>			Bus Use	
		Initial Contact Point <b>04 - RIGHT SIDE REAR</b>						



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

UNIT VEHICLE	Vehicle Damage			
	Extent Of Damage <b>MINOR DAMAGE</b>	<b>04 - RIGHT SIDE REAR</b>		
	Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OPERATOR</b>		
	What Driver Was Doing <b>GOING STRAIGHT</b>	Vehicle Factors <b>NOT APPLICABLE</b>		
UNIT VEHICLE	Driver Actions <b>NO CONTRIBUTING ACTION</b>			
	Owner Name <b>THOMAS ALBAMONTE JR (608) 451-1453</b>	Owner Address <b>S1751 HERWIG RD # 4 WISCONSIN DELLS, WI 53965 , US</b>		
<b>Sequence Of Events</b>				
UNIT VEHICLE	01	Event <b>MOTOR VEH IN TRANSPORT</b>		
	02	Event		
	03	Event		
	04	Event		
<b>Individual</b>				
UNIT INDIVIDUAL	Driver <b>THOMAS ALBAMONTE JR (608) 451-1453</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>	
		Date of Birth	Race <b>WHITE</b>	
	Address <b>S1751 HERWIG RD # 4 WISCONSIN DELLS, WI 53965 , US</b>	Driver License Number		
<b>Safety Equipment</b>				
UNIT INDIVIDUAL	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>				

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

UNIT	INDIVIDUAL	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
02	002	Drug Type	
		Individual Condition <b>APPEARED NORMAL</b>	