

6TL0D0GSL1
23-02538

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 23-02538		Investigating Officer/Deputy DEPUTY G. AKERS	
Crash Date 03/14/2023		Crash Time 05:35 PM		Date Arrived 03/14/2023		Time Arrived 05:41 PM	
Date Notified 03/14/2023		Time Notified 05:35 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

Diagram 	Reconstruction By
	Photos By GA
	Additional Information PHOTOS

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

V1 WAS MAKING A LEFT TURN FROM A PARKING LOT ENTRANCE TO GO WEST WHEN IT STRUCK V2 TRAVELING WEST MAKING A LEFT TURN INTO THE PARKING LOT. ACCIDENT OCCURRED ON THE ROADWAY. D1 ISSUED A CITATION FOR FAILURE TO YIELD RIGHT OF WAY.

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Location

ON 615 STH33 WB 546 FT W OF STH136 WB (FIRE 615) IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY	Latitude 43.474753235	Longitude -89.770967337
	X Coordinate 275884.90625	Y Coordinate 4817268
	Structure Type FIRE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 01 - ANGLE	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 NO CONTROL	Special Study
Within Interchange Area YES	Junction Location DRIVEWAY ACCESS-RELATED	Intersection Type NOT AN INTERSECTION

Unit Summary

UNIT	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 1	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel NORTHBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 35	Total Lanes 4
	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 CPATTI	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number JM3ER293480197990	Make MAZDA	Year 2008	Model CX-7
		Color GRY - GRAY	Body Style UT - SPORT UTILITY VEHICLE		Bus Use
		Initial Contact Point 12 - FRONT	Vehicle Damage 11 - LEFT FRONT CORNER, 12 - FRONT		
Extent Of Damage MINOR DAMAGE					



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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR	
	What Driver Was Doing LEFT TURN		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions FAILED TO YIELD RIGHT-OF-WAY			
01	01	Owner Name PATRICIA CAMPBELL (608) 434-7670		Owner Address 306 E JULIUS ST LYNDON STATION, WI 53944 , US
		Sequence Of Events		
UNIT INDIVIDUAL	01	01	Event MOTOR VEH IN TRANSPORT	
		02	Event LEFT TURN	
		03	Event	
		04	Event	
UNIT	Policy Holder			
	Insurance Company STATE-FARM-GENERAL-INS-CO		Individual PATRICIA CAMPBELL	
UNIT	Individual			
	Driver PATRICIA CAMPBELL (608) 434-7670		Citations Issued 1	Sex FEMALE
	Address 306 E JULIUS ST LYNDON STATION, WI 53944 , US		Date of Birth	Race WHITE
01	001	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				

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UNIT INDIVIDUAL 01 001
Non Motorist Striking Unit # Location
Prior Action
Action
Action Other To/From School
Drug & Alcohol Suspected Alcohol Use Suspected Drug Use
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
UTC Number Issue To? Statute Number Description
BG945029 001 346.06 FAILURE TO YIELD RIGHT OF WAY

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 Pre Crash Tire Mark Speed Limit 35 Total Lanes 4
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 02 02
License Plate Number 959ZYL Plate Type AUT - AUTOMOBILE St WI Country of Issuance UNITED STATES
Vehicle Identification Number KMHD74LF6HU074673 Make HYUNDAI Year 2017 Model ELANTRA
Color GLD - GOLD Body Style SD - SEDAN Bus Use
Initial Contact Point 08 - LEFT SIDE REAR



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UNIT VEHICLE	Vehicle Damage		
	Extent Of Damage MINOR DAMAGE	08 - LEFT SIDE REAR, 09 - LEFT SIDE MIDDLE	
	Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR	
	What Driver Was Doing LEFT TURN	Vehicle Factors	
UNIT VEHICLE	Driver Prior Action Other	NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION		
	Owner Name DAVID GIESCHEN (608) 393-3450	Owner Address 157 LINN ST # 2 BARABOO, WI 53913 , US	
	Sequence Of Events		
UNIT VEHICLE	Event MOTOR VEH IN TRANSPORT		
	Event LEFT TURN		
	Event		
	Event		
UNIT INDIVIDUAL	Policy Holder		
	Insurance Company ERIE-INS-CO	Individual DAVID GIESCHEN	
	Individual		
	Driver DAVID GIESCHEN (608) 393-3450	Citations Issued 0	Sex MALE
	Date of Birth	Race	
Address 157 LINN ST # 2 BARABOO, WI 53913 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
UNIT INDIVIDUAL	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	

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UNIT	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				
02	002	Individual Condition			
		APPEARED NORMAL			