

6TL0CTJN3P  
23-03215

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>23-03215</b>	Investigating Officer/Deputy <b>DEPUTY A. KULAS</b>	
Crash Date <b>04/03/2023</b>		Crash Time <b>05:06 PM</b>	Date Arrived <b>04/03/2023</b>	Time Arrived <b>05:15 PM</b>	
Date Notified <b>04/03/2023</b>		Time Notified <b>05:08 PM</b>	Total Units <b>02</b>	Total Injured <b>02</b>	Total Killed <b>00</b>
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input checked="" 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>A KULAS</b>
	Additional Information <b>NONE, PHOTOS</b>

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

UNIT 1 AND 2 WERE BOTH WEST BOUND ON STH 33. UNIT 2 WAS SLOWING AND ACTIVATED HIS LEFT BLINKER TO TURN UNTO THE ADDRESS OF E10217 STH 33. UNIT 1 PROCEEDED TO PASS UNIT 2 ON THE LEFT AS UNIT 2 WAS MAKING A LEFT TURN. THE RIGHT FRONT OF UNIT 1 STRUCK THE REAR LEFT SIDE OF UNIT 2. UNIT 2 THEN WENT DOWN A SLIGHT DITCH AND STRUCK A MAILBOX. OPERATOR OF UNIT 1 ADVISED SHE DID NOT SEE THE BLINKER UNTIL SHE WAS ALREADY PASSING UNIT 2.

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Location

ON STH33 WB 0.74 MI W OF SAND RD IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude <b>43.517059073</b>	Longitude <b>-89.812366748</b>
	X Coordinate <b>272695.25</b>	Y Coordinate <b>4822079</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>CLOUDY</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>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>	
Closure Type <b>FULL CLOSURE</b>		Reasons for Closure <b>LAW ENFORCEMENT, TOW TRUCK</b>	
Date Initial Lane/Rd Closed <b>04/03/2023</b>	Time Initial Lane/Rd Closed <b>05:15 PM</b>	Date Scene Cleared <b>04/03/2023</b>	
Date All Lanes Open <b>04/03/2023</b>	Time All Lanes Open <b>05:50 PM</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>(SPORT) UTILITY VEHICLE</b>			Operating As Endorsements		
	Total Occs <b>2</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"/> Pre CrashTire 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>					
	<b>01</b>	<b>Vehicle</b>				
		License Plate Number <b>401ZJZ</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>JA4AP3AU4HZ027321</b>		Make <b>MITSUBISHI</b>	Year <b>2017</b>	Model <b>OUTLANDER</b>	

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UNIT VEHICLE	Color <b>RED - RED</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>	Bus Use
	Initial Contact Point <b>01 - RIGHT FRONT CORNER</b>	Vehicle Damage <b>01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT</b>	
	Extent Of Damage <b>DISABLING DAMAGE</b>		
	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	Vehicle Removed By <b>CRAIGS TOWING</b>	
	What Driver Was Doing <b>GOING STRAIGHT</b>	Vehicle Factors <b>NOT APPLICABLE</b>	
Driver Prior Action Other			
UNIT VEHICLE	Driver Actions <b>IMPROPER OVERTAKING / PASSING LEFT</b>		
	Owner Name <b>ANGELA PYAN (608) 408-0541</b>	Owner Address <b>216 MADISON ST # 106 ROCK SPRINGS, WI 53961 , US</b>	
UNIT 01	<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>ANGELA PYAN</b>	
UNIT INDIVIDUAL	<b>Individual</b>		
	Driver <b>ANGELA PYAN (608) 408-0541</b>	Citations Issued <b>1</b>	Sex <b>FEMALE</b>
		Date of Birth	Race <b>WHITE</b>
	Address <b>216 MADISON ST # 106 ROCK SPRINGS, WI 53961 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
UNIT 01	<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 #

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

UNIT INDIVIDUAL	Hospital		Date of Death		Time of Death	
	<b>Distracted By</b>		Distracted By Source			
	Distracted By Action <b>UNKNOWN</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	
01 001 UNIT INDIVIDUAL	Drug Type					
	Individual Condition <b>APPEARED NORMAL</b>					
	<b>Individual</b>					
	Passenger <b>TERRY ANN CAIN</b> <b>(608) 495-5440</b>			Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
	Address <b>E7425A COPPER SPRINGS LN</b> <b>REEDSBURG, WI 53959 , US</b>			Date of Birth	Race <b>WHITE</b>	
	Driver License Number			<b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
	<b>Safety Equipment</b>		On Duty Crash		Safety Equipment	
	Row <b>01 - FRONT ROW</b>	Seat Position <b>09 - RIGHT</b>	<b>SHOULDER &amp; LAP BELT</b>			
	Helmet Use			Helmet Compliance		
	Eye Protection			Tint Compliance		
01 002 UNIT INDIVIDUAL	<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>NOT TRANSPORTED</b>			EMS Agency Identifier		EMS Run #
	Hospital		Date of Death		Time of Death	

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UNIT	<b>Distracted By</b>	Distracted By Source				
		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 <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>BG941805</b>	Issue To? <b>001</b>	Statute Number <b>346.09(4)</b>	Description <b>PASSING VEHICLE INDICATING LEFT TURN</b>	

**Unit Summary**

UNIT	<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 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"/> <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>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>								
	<b>02</b>	<b>Vehicle</b>							
		License Plate Number <b>AMC4707</b>			Plate Type <b>AUT - AUTOMOBILE</b>		St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
Vehicle Identification Number <b>2C3LA33G88H187228</b>			Make <b>CHRYSLER</b>		Year <b>2008</b>	Model <b>300</b>			

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UNIT VEHICLE	Color <b>RED - RED</b>	Body Style <b>4D - 4DR</b>	Bus Use	
	Initial Contact Point <b>07 - LEFT REAR CORNER</b>	Vehicle Damage <b>01 - RIGHT FRONT CORNER, 06 - REAR, 07 - LEFT REAR CORNER, 08 - LEFT SIDE REAR, 12 - FRONT</b>		
	Extent Of Damage <b>DISABLING DAMAGE</b>			
	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>			Vehicle Removed By <b>CRAIGS TOWING</b>
	What Driver Was Doing <b>LEFT TURN</b>			Vehicle Factors <b>NOT APPLICABLE</b>
Driver Prior Action Other				
UNIT VEHICLE	Driver Actions <b>NO CONTRIBUTING ACTION</b>			
	Owner Name <b>TOMAS SLADEK (567) 219-1740</b>	Owner Address <b>701 STONEY ACRES RD APT 318 WISCONSIN DELLS, WI 53965 , US</b>		
UNIT 02	<b>Sequence Of Events</b>			
	01	Event <b>MOTOR VEH IN TRANSPORT</b>		
	02	Event <b>MAILBOX</b>		
	03	Event		
	04	Event		
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>PROGRESSIVE-CLASSIC-INS-CO</b>	Individual <b>TOMAS SLADEK</b>		
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>TOMAS SLADEK (567) 219-1740</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>	
		Date of Birth	Race <b>HISPANIC</b>	
	Address <b>701 STONEY ACRES RD APT 318 WISCONSIN DELLS, WI 53965 , US</b>	Driver License Number <b>STATE: OTHER JURISDICTION COUNTRY: SOUTH AFRICA</b>		
UNIT 02	<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>	
	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>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #	

