

6TL0BC3B71  
23-03575

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>23-03575</b>		Investigating Officer/Deputy <b>DEPUTY W. VERTEIN</b>	
Crash Date <b>04/13/2023</b>		Crash Time <b>11:15 AM</b>		Date Arrived <b>04/13/2023</b>		Time Arrived <b>11:34 AM</b>	
Date Notified <b>04/13/2023</b>		Time Notified <b>11:20 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 <b>K. SEIDL</b>
	Additional Information <b>PHOTOS</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 2 WAS STOPPED IN THE ROADWAY WAITING TO MAKE A LEFT TURN. THE OPERATOR OF UNIT 1 WAS TRAVELING EASTBOUND BEHIND UNIT 2. THE OPERATOR OF UNIT 1 LOOKED DOWN TO GRAB A CIGARETTE AND WHEN HE LOOKED UP, HE REAR-ENDED UNIT 2. THE OPERATOR OF UNIT 1 ATTEMPTED TO AVOID THE COLLISION BUT WAS UNABLE TO. NO REPORTED INJURIES.

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Location

ON CTHP EB 5 FT E OF BIRCHWOOD RD IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude <b>43.590332877</b>	Longitude <b>-89.818612278</b>
	X Coordinate <b>272466.53125</b>	Y Coordinate <b>4830234</b>
	Structure Type <b>NO STRUCTURE</b>	

Crash Scene

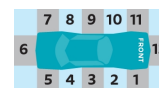
First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>03 - FRONT TO REAR</b>	Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>		
Weather Condition(s) <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

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>1</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>EASTBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	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

UNIT 01 VEHICLE 01	License Plate Number <b>54872DS</b>	Plate Type <b>DIS - DISABLED</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
	Vehicle Identification Number <b>1FADP3F24DL175501</b>	Make <b>FORD</b>	Year <b>2013</b>	Model <b>FOC</b>	
	Color <b>WHI - WHITE</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, 12 - FRONT</b>			
	Extent Of Damage <b>FUNCTIONAL DAMAGE</b>				



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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>OTHER CONTRIBUTING ACTION</b>				
01	01	Owner Name <b>SHANNON FREY</b>		Owner Address <b>7625 LISA LN # 116 MIDDLETON, WI 53562 , 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>GEICO-ADVANTAGE-INSURANCE-CO</b>	Individual <b>SHANNON FREY</b>		
UNIT	01	<b>Individual</b>			
		Driver <b>NICHOLAS SMITH (608) 495-7221</b>		Citations Issued <b>1</b>	Sex <b>MALE</b>
		Address <b>2462 PLEASANT ST DEKALB, IL 60115 , US</b>		Date of Birth	Race <b>WHITE</b>
		Driver License Number			
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>
UNIT	001	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>OTHER DISTRACTION (ANIMAL, FOOD, GROOMING)</b>			
Distracted By Action <b>OTHER ACTION (LOOKING AWAY FROM TASK ETC)</b>					

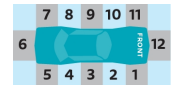
<b>UNIT</b>	<b>INDIVIDUAL</b>	<b>Non Motorist</b>		Striking Unit #	Location		
		Prior Action					
		Action					
		Action Other					
		To/From School					
		<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>		
		Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test 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>AE138548</b>	Issue To? <b>001</b>	Statute Number <b>346.89(1)</b>	Description <b>INATTENTIVE DRIVING</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>NO</b>	Direction Of Travel <b>EASTBOUND</b>		<input type="checkbox"/> Pre Crash <b>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>W8640A</b>		Plate Type <b>TMP - TEMPORARY PLAT</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>		
		Vehicle Identification Number <b>JN8AT2MV8LW143880</b>		Make <b>NISSAN</b>	Year <b>2020</b>	Model <b>ROGUE</b>		
		Color <b>GRY - GRAY</b>		Body Style <b>UT - SPORT UTILITY VEHICLE</b>			Bus Use	
		Initial Contact Point <b>05 - RIGHT REAR CORNER</b>						



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UNIT VEHICLE	Vehicle Damage		
	Extent Of Damage	04 - RIGHT SIDE REAR, 05 - RIGHT REAR CORNER, 06 - REAR	
	Towed Due To Damage	Vehicle Removed By	
	What Driver Was Doing	Vehicle Factors	
UNIT VEHICLE	Driver Prior Action Other	NOT APPLICABLE	
	Driver Actions		
	NO CONTRIBUTING ACTION		
	Owner Name	Owner Address	
02	02	ABRILL MORILLO MORA (608) 432-3145	177 FOREST DR # 915 WISCONSIN DELLS, WI 53965 , US
<b>Sequence Of Events</b>			
01	Event		
02	MOTOR VEH IN TRANSPORT		
03	Event		
04	Event		
<b>Individual</b>			
UNIT INDIVIDUAL	Driver	Citations Issued	Sex
	ABRILL MORILLO MORA (608) 432-3145	0	FEMALE
	Address	Date of Birth	Race
177 FOREST DR # 915 WISCONSIN DELLS, WI 53965 , US	Driver License Number		
<b>Safety Equipment</b>			
On Duty Crash		Safety Equipment	
Row	Seat Position	SHOULDER & LAP BELT	
01 - FRONT ROW	07 - LEFT		
Helmet Use	Helmet Compliance		
Eye Protection	Tint Compliance		
UNIT INDIVIDUAL	Injury	Airbag	
	Injury Severity	NON DEPLOYED	
	Ejected	Ejection Path	Trapped/Extricated
	NOT EJECTED	NOT EJECTED/NOT APPLICABLE	NOT TRAPPED
Medical Transport	EMS Agency Identifier	EMS Run #	
NOT TRANSPORTED			
Hospital	Date of Death	Time of Death	
<b>Distracted By</b>			
Distracted By Source			
NOT APPLICABLE (NOT DISTRACTED)			

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
		Drug Type		
		Individual Condition <b>APPEARED NORMAL</b>		