

6TL0B8M80C
23-03574

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 23-03574		Investigating Officer/Deputy SERGEANT T. CLAUER	
Crash Date 04/13/2023		Crash Time 10:44 AM		Date Arrived 04/13/2023		Time Arrived 10:49 AM	
Date Notified 04/13/2023		Time Notified 10:45 AM		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

<p>Diagram</p> <p style="text-align: center;">NOT TO SCALE</p>	Reconstruction By
	Photos By SGT. CLAUER
	Additional Information PHOTOS

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

UNIT ONE AND UNIT TWO WERE TRAVELING SOUTH ON STH 60. UNIT ONE SLOWED DOWN AND PULLED TO THE SIDE OF THE ROAD TO MAKE A U TURN. UNIT ONE WAS IN THE PROCESS OF DELIVERING MAIL FOR THE USPS. UNIT TWO OBSERVED UNIT ONE SLOW DOWN AND PULL TOWARDS THE SIDE OF THE ROADWAY. UNIT TWO WENT TO GO AROUND UNIT ONE. UNIT ONE THEN STARTED TURNING AROUND AS UNIT TWO WAS BESIDES IT AND STRUCK THE SIDE ON UNIT 2. NOBODY WAS INJURED IN THE CRASH. UNIT ONE OPERATOR STATED HE OBSERVED UNIT TWO BUT THOUGHT THEY WERE FURTHER BEHIND AND THAT HE HAD ENOUGH TIME TO TURN AROUND.

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Location

ON STH60 WB 0.37 MI E OF RAINBOW RD IN THE TOWN OF SPRING GREEN IN SAUK COUNTY	Latitude 43.190127278	Longitude -90.031912406
	X Coordinate 253629.71875	Y Coordinate 4786392
	Structure Type NO STRUCTURE	

Crash Scene

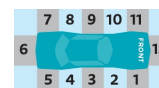
First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 07 - SIDESWIPE/SAME DIRECTION	Light Condition DAYLIGHT	
Road Surface Condition(s) DRY	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) CLEAR		
Animal Type	Relation To Trafficway 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 NO	Junction Location NON-JUNCTION	Intersection Type NOT AN INTERSECTION

Unit Summary

UNIT	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR	Operating As Endorsements			
	Total Occs 01	Train/Bus # Recorded	Total # Citations Issued 01	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel SOUTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	Total Lanes 02
	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 CURVE RIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO				

Vehicle

UNIT	VEHICLE	License Plate Number RJ7028	Plate Type LTK - LIGHT TRUCK	St WI	Country of Issuance UNITED STATES	
		Vehicle Identification Number 3VVMX7B26NM036267	Make VOLKSWAGEN	Year 2022	Model TAOS	
		Color GRY - GRAY	Body Style 4D - 4DR		Bus Use	
		Initial Contact Point 11 - LEFT FRONT CORNER	Vehicle Damage 01 - RIGHT FRONT CORNER, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT			
		Extent Of Damage DISABLING DAMAGE				



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UNIT	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By GAUGERS SALVAGE		
	What Driver Was Doing U TURN		Vehicle Factors		
	Driver Prior Action Other		NOT APPLICABLE		
	Driver Actions FAILED TO YIELD RIGHT-OF-WAY, FAILURE TO CONTROL, LOOKED BUT DID NOT SEE				
01	01	Owner Name DONNIE ELLIS (608) 822-5837		Owner Address 12980 1ST ST FENNIMORE, WI 53809 , US	
		Sequence Of Events			
UNIT	01	Event MOTOR VEH IN TRANSPORT			
		Event			
		Event			
		Event			
UNIT	01	Policy Holder			
		Insurance Company NATIONAL-GENERAL-INS-CO	Individual DONNIE ELLIS		
UNIT	01	Individual			
		Driver DONNIE ELLIS (608) 822-5837	Citations Issued 01	Sex MALE	
		Address 12980 1ST ST FENNIMORE, WI 53809 , US		Date of Birth	Race WHITE
		Driver License Number			
UNIT	01	Safety Equipment			
		On Duty Crash		Safety Equipment	
		Row 01 - FRONT ROW	Seat Position 08 - MIDDLE	NONE USED - VEHICLE OCCUPANT	
		Helmet Use		Helmet Compliance	
		Eye Protection		Tint Compliance	
		Injury		Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED
UNIT	001	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					

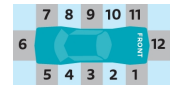
UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location		
		Prior Action					
		Action					
		Action Other					
		To/From School					
		Drug & Alcohol		Suspected Alcohol Use NO	Suspected Drug Use NO		
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type		Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results	
		Drug Type					
		Individual Condition APPEARED NORMAL					
01	001	Violations					
		UTC Number BG115433	Issue To? 001	Statute Number 346.33(1m)	Description UNLAWFUL U TURN-FAIL TO EXERCISE DUE CARE		

Unit Summary

UNIT	02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type TRUCK		
		Vehicle Type (SPORT) UTILITY VEHICLE					Operating As Endorsements	
		Total Occs 04	Train/Bus # Recorded		Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
		Insurance? YES	Direction Of Travel SOUTHBOUND		<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	Total Lanes 02	
		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 CURVE RIGHT		Road Grade LEVEL	
		Truck Bus or HazMat NO						

Vehicle

02	02	License Plate Number LV7321		Plate Type LTK - LIGHT TRUCK	St WI	Country of Issuance UNITED STATES		
		Vehicle Identification Number 1FM5K8D8XEGB88745		Make FORD	Year 2014	Model XPL		
		Color RED - RED		Body Style 4D - 4DR			Bus Use	
		Initial Contact Point 02 - RIGHT SIDE FRONT						



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UNIT VEHICLE	Vehicle Damage	
	Extent Of Damage FUNCTIONAL DAMAGE	02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE, 04 - RIGHT SIDE REAR, 05 - RIGHT REAR CORNER
	Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR
	What Driver Was Doing NEGOTIATING CURVE	Vehicle Factors NOT APPLICABLE
UNIT VEHICLE	Driver Actions NO CONTRIBUTING ACTION	
	Owner Name BRUCE NESTHUS	Owner Address 908 4TH STREET BARABOO, WI 53913 , US
Sequence Of Events		
UNIT VEHICLE	Event 01 MOTOR VEH IN TRANSPORT	
	Event 02	
	Event 03	
	Event 04	
Policy Holder		
UNIT INDIVIDUAL	Insurance Company ALLSTATE-PROPERTY-&-CASUALTY-INS-CO	Individual
	Individual	
UNIT INDIVIDUAL	Driver JESSICA FANNING (608) 393-0946	Citations Issued 0
		Sex FEMALE
UNIT INDIVIDUAL	Date of Birth	Race WHITE
	Address 408 W COLLINS ST # 8 PORTAGE, WI 53901 , US	Driver License Number
Safety Equipment		
UNIT INDIVIDUAL	On Duty Crash	Safety Equipment
	Row 01 - FRONT ROW	Seat Position 07 - LEFT
	SHOULDER & LAP BELT	
	Helmet Use	Helmet Compliance
	Eye Protection	Tint Compliance
UNIT INDIVIDUAL	Injury Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE
UNIT INDIVIDUAL	Trapped/Extricated NOT TRAPPED	
	Medical Transport NOT TRANSPORTED	EMS Agency Identifier
	Hospital	Date of Death
		EMS Run #
		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 Suspected Drug Use NO NO
	Alcohol Test Given	Alcohol Test Type Alcohol Test Results TEST NOT GIVEN
	Drug Test Given	Drug Test Type Drug Test Results TEST NOT GIVEN
	Drug Type	
02	Individual Condition APPEARED NORMAL	
	Individual	
	Passenger	Citations Issued Sex AURORA FANNING 0 FEMALE (608) 393-0946
	Date of Birth	Race WHITE
	Address	Driver License Number 408 W COLLINS ST # 8 PORTAGE, WI 53901 , US
	Safety Equipment On Duty Crash Safety Equipment	
	Row	Seat Position 02 - SECOND ROW 07 - LEFT
	Helmet Use	SHOULDER & LAP BELT Helmet Compliance
	Eye Protection	Tint Compliance
	02	Injury Injury Severity Airbag NO APPARENT INJURY 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
Distracted By Distracted By Source		

UNIT	Distracted By Action				
	Non Motorist	Striking Unit #	Location		
		Prior Action			
	INDIVIDUAL	Action			
		Action Other			
		To/From School			
		Distracted By Action			
	02	003	Drug & Alcohol		
			Suspected Alcohol Use	Suspected Drug Use	
			Alcohol Test Given	Alcohol Test Type	Alcohol Test Results
Drug Test Given			Drug Test Type	Drug Test Results	
Drug Type					
Individual Condition					
Individual					
Passenger			Citations Issued	Sex	
ELENA FANNING (608) 393-0946			0	FEMALE	
Address			Date of Birth	Race	
408 W COLLINS ST # 8 PORTAGE, WI 53901 , US			WHITE		
UNIT	INDIVIDUAL	Driver License Number			
		Safety Equipment			
		On Duty Crash	Safety Equipment		
		Row	Seat Position	SHOULDER & LAP BELT	
		02 - SECOND ROW	08 - MIDDLE		
		Helmet Use		Helmet Compliance	
		Eye Protection		Tint Compliance	
		02	004	Injury	
				Injury Severity	Airbag
				NO APPARENT INJURY	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
Distracted By				Distracted By Source	
Distracted By Action					

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UNIT	INDIVIDUAL	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					
		Individual Condition APPEARED NORMAL					
UNIT	INDIVIDUAL	Individual					
		Passenger GEMMA FANNING (608) 393-0946		Citations Issued 0	Sex FEMALE		
		Date of Birth		Race WHITE			
		Address 408 W COLLINS ST # 8 PORTAGE, WI 53901 , US		Driver License Number			
		Safety Equipment		On Duty Crash	Safety Equipment		
		Row 02 - SECOND ROW	Seat Position 09 - RIGHT	SHOULDER & LAP BELT			
		Helmet Use		Helmet Compliance			
		Eye Protection		Tint Compliance			
		UNIT	INDIVIDUAL	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			
Distracted By Action							
Non Motorist				Striking Unit #	Location		

UNIT	INDIVIDUAL		
	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		
	Individual Condition APPEARED NORMAL		