

6TL0D9429F

23-03431

# 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>23-03431</b>	Investigating Officer/Deputy <b>DEPUTY M. PETERSON</b>	
Crash Date <b>04/09/2023</b>		Crash Time <b>07:29 PM</b>	Date Arrived <b>04/09/2023</b>	Time Arrived <b>07:33 PM</b>	
Date Notified <b>04/09/2023</b>		Time Notified <b>07:32 PM</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

<p>Diagram</p>	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.

UNIT 1 WAS TRAVELING WESTBOUND IN THE INSIDE LANE ON LINN ST AND WAS APPROACHING A RED LIGHT FOR THE W PINE INTERSECTION. UNIT 2 WAS TRAVELING NORTHBOUND ON W PINE STREET IN THE OUTSIDE LANE AND WAS PROCEEDING THROUGH THE LINN ST INTERSECTION. UNIT 1 DISREGARDED THE RED LIGHT AND COLLIDED WITH UNIT 2. BOTH VEHICLES SUSTAINED FUNCTIONAL DAMAGE AND WERE DRIVEN FROM THE SCENE. ALL OCCUPANTS IN UNIT 1 & 2 REPORTED NO INJURIES AND WERE WEARING SEAT BELTS. UNIT 1 OPERATOR WAS ISSUED TWO CITATIONS FOR DISREGARDING A RED LIGHT AND NON REGISTRATION OF AUTO.

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## Location

ON STH33 WB 11 FT W OF STH136 WB IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY	Latitude <b>43.474781506</b>	Longitude <b>-89.76878986</b>
	X Coordinate <b>276061.125</b>	Y Coordinate <b>4817265</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>FULL CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>INTERSECTION</b>	Intersection Type <b>FOUR-WAY 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>2</b>	Train/Bus # Recorded	Total # Citations Issued <b>2</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>35</b>	Total Lanes <b>4</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>TRAFFIC SIGNAL</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>UNIT</b>	<b>Vehicle</b>						
	<b>01</b>	License Plate Number <b>897ZZV</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
		Vehicle Identification Number <b>3FADP4BJXHM134782</b>		Make <b>FORD</b>	Year <b>2017</b>	Model <b>FIESTA</b>	
		Color <b>BLK - BLACK</b>		Body Style <b>4D - 4DR</b>		Bus Use	
	<b>VEHICLE</b>	Initial Contact Point <b>12 - FRONT</b>		Vehicle Damage <b>01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT</b>			
Extent Of Damage <b>FUNCTIONAL DAMAGE</b>							



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UNIT VEHICLE	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 RED LIGHT</b>			
01 01	Owner Name <b>NEVADA ENGEVOLD</b>		Owner Address <b>705 MOUND ST BARABOO, WI 53913 , US</b>	
	<b>Sequence Of Events</b>			
01 02 03 04	Event <b>MOTOR VEH IN TRANSPORT</b>			
	Event			
	Event			
	Event			
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>PROGRESSIVE-CLASSIC-INS-CO</b>		Individual <b>NEVADA ENGEVOLD</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>JACOB RABINE</b>		Citations Issued <b>2</b>	Sex <b>MALE</b>
	Address <b>E8240 COUNTY ROAD W NORTH FREEDOM, WI 53951 , US</b>		Date of Birth	Race <b>WHITE</b>
			Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
01 001	<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>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>		
Distracted By Action <b>NOT DISTRACTED</b>				

WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT	INDIVIDUAL	<b>Non Motorist</b>		Striking Unit #	Location		
		Prior Action					
		Action					
01	001	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>Individual</b>					
		Passenger <b>ELIZABETH ENGEVOLD</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>		
				Date of Birth	Race <b>WHITE</b>		
Address <b>S2895 TWIN PINE RD REEDSBURG, WI 53959 , US</b>		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>					
01	002	<b>Safety Equipment</b>		On Duty Crash			
				Safety Equipment <b>SHOULDER &amp; LAP BELT</b>			
		Row <b>01 - FRONT ROW</b>	Seat Position <b>09 - RIGHT</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					
Distracted By Action							
<b>Non Motorist</b>		Striking Unit #	Location				

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<b>UNIT</b>	<b>INDIVIDUAL</b>	Prior Action				
		Action				
		Action Other			To/From School	
	<b>01</b>	<b>002</b>	<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>01</b>	<b>Violations</b>			
			UTC Number <b>BG943533</b>	Issue To? <b>001</b>	Statute Number <b>346.37(1)(c)1</b>	Description <b>OPERATOR VIOLATE RED TRAFFIC LIGHT</b>
<b>02</b>	<b>01</b>	UTC Number <b>BG943534</b>	Issue To? <b>001</b>	Statute Number <b>341.04(1)</b>	Description <b>NON-REGISTRATION OF AUTO, ETC</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>PASSENGER CAR</b>					Operating As Endorsements		
		Total Occs <b>2</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>NORTHBOUND</b>		<input type="checkbox"/> <b>Pre Crash Tire Mark</b>		Speed Limit <b>30</b>	Total Lanes <b>4</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>TRAFFIC SIGNAL</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>ARM7131</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
		Vehicle Identification Number <b>5GAKRCED5CJ204658</b>		Make <b>BUICK</b>	Year <b>2012</b>	Model <b>ENCLAVE</b>	
		Color <b>GLD - GOLD</b>		Body Style <b>LL - CARRYALL</b>		Bus Use	
		Initial Contact Point <b>03 - RIGHT SIDE MIDDLE</b>					

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UNIT VEHICLE	Vehicle Damage		
	Extent Of Damage <b>MINOR DAMAGE</b>		
	Towed Due To Damage <b>NOT TOWED</b>		
	Vehicle Removed By <b>OPERATOR</b>		
UNIT VEHICLE	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors <b>NOT APPLICABLE</b>
	Driver Prior Action Other		
	Driver Actions <b>NO CONTRIBUTING ACTION</b>		
	Owner Name <b>RACHEL LEATHERBERRY</b>		
02	02	Owner Address <b>426 LOCUST ST BARABOO, WI 53913 , US</b>	
<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>GEICO-ADVANTAGE-INSURANCE-CO</b>	Individual <b>RACHEL LEATHERBERRY</b>	
UNIT INDIVIDUAL	<b>Individual</b>		
	Driver <b>GEORGE BREWER</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>
		Date of Birth	Race <b>WHITE</b>
	Address <b>426 LOCUST ST BARABOO, WI 53913 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
02 003	<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

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UNIT	INDIVIDUAL	<b>Distracted By</b> Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>	
		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>			
UNIT	INDIVIDUAL	<b>Individual</b>	
		Passenger <b>RACHEL LEATHERBERRY</b>	Citations Issued <b>0</b> Sex <b>FEMALE</b>
			Date of Birth Race <b>WHITE</b>
		Address <b>426 LOCUST ST BARABOO, WI 53913 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>
		<b>Safety Equipment</b>	On Duty Crash Safety Equipment <b>SHOULDER &amp; LAP BELT</b>
		Row <b>01 - FRONT ROW</b>	Seat Position <b>09 - RIGHT</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	
UNIT	INDIVIDUAL	<b>Distracted By</b> Distracted By Source	

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UNIT	Distracted By Action				
	INDIVIDUAL	<b>Non Motorist</b>	Striking Unit #	Location	
		Prior Action			
	Action				
	Action Other		To/From School		
	02	004	<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>				