

6TL0C884K5
23-04657

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 23-04657		Investigating Officer/Deputy DEPUTY T. SUTHERLAND	
Crash Date 05/11/2023		Crash Time 01:35 PM		Date Arrived 05/11/2023		Time Arrived 01:46 PM	
Date Notified 05/11/2023		Time Notified 01:39 PM		Total Units 02		Total Injured 01	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	
<p>Friendship Drive</p> <p>Not To Scale</p> <p>STH 23</p>		Photos By	
		Additional Information NONE	

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

ON 05-11-23 UNIT 2 WAS SOUTHBOUND ON STH 23. UNIT 1 PULLED OUT FROM THE STOP SIGN ON CTH W WESTBOUND INTO THE PATH OF UNIT 1. UNIT 1 HIT UNIT 2 ON STH 23.

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Location

ON STH23 WB 11 FT S OF CTHW SB IN THE TOWN OF WESTFIELD IN SAUK COUNTY	Latitude 43.395564001	Longitude -90.036485133
	X Coordinate 254088.078125	Y Coordinate 4809222
	Structure Type NO STRUCTURE	

Crash Scene

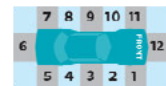
First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 01 - ANGLE	Light Condition DAYLIGHT	
Road Surface Condition(s) DRY	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) CLEAR		
Animal Type	Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY	Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land	Access Control NO CONTROL	Special Study
Within Interchange Area NO	Junction Location INTERSECTION	Intersection Type T-INTERSECTION

Unit Summary

UNIT 01	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type AUTOMOBILE		
	Vehicle Type (SPORT) UTILITY VEHICLE		Operating As Endorsements		
	Total Occs 2	Train/Bus # Recorded	Total # Citations Issued 1	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	Total Lanes 2
	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 STOP SIGN	Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT	Road Grade LEVEL	
	Truck Bus or HazMat NO				

Vehicle

UNIT VEHICLE 01	License Plate Number AKT7238	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number KL79MSSL1MB051755	Make CHEVROLET	Year 2021	Model TRAILBLAZE
	Color TAN - TAN	Body Style 4D - 4DR	Bus Use	
	Initial Contact Point 02 - RIGHT SIDE FRONT	Vehicle Damage 02 - RIGHT SIDE FRONT, 04 - RIGHT SIDE REAR		
	Extent Of Damage DISABLING DAMAGE			



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UNIT VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By STEVES AUTO SERVICE	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions FAILED TO YIELD RIGHT-OF-WAY			
01 01	Owner Name ARLENE R REESE (608) 643-4533		Owner Address 1525 PARKSIDE DRIVE PRAIRIE DU SAC, WI 53578 , US	
	Sequence Of Events			
01 02 03 04	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
UNIT	Policy Holder			
	Insurance Company AMERICAN-FAMILY-INS-CO		Individual ARLENE REESE	
UNIT INDIVIDUAL	Individual			
	Driver ARLENE R REESE (608) 643-4533		Citations Issued 1	Sex FEMALE
	Address 1525 PARKSIDE DRIVE PRAIRIE DU SAC, WI 53578 , US		Date of Birth [REDACTED]	Race WHITE
			Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
01 001	Safety Equipment		On Duty Crash	
			Safety Equipment SHOULDER & LAP BELT	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT		
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	Injury		Injury Severity NO APPARENT INJURY	Airbag DEPLOYED-COMBINATION
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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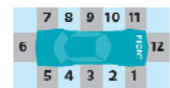
UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location		
		Prior Action					
		Action					
		Action Other					
		To/From School					
		Drug & Alcohol		Suspected Alcohol Use NO		Suspected Drug Use NO	
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type		Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results	
		Drug Type					
		Individual Condition APPEARED NORMAL					
UNIT	INDIVIDUAL	Individual					
		Passenger JACK W CHAPMAN (608) 643-4533		Citations Issued 0	Sex MALE		
				Date of Birth [REDACTED]	Race WHITE		
		Address 1525 PARKSIDE DRIVE PRAIRIE DU SAC, WI 53578 , US		Driver License Number			
		Safety Equipment		On Duty Crash		Safety Equipment	
		Row 02 - SECOND ROW		Seat Position 09 - RIGHT		CHILD RESTRAINT SYSTEM - FORWARD FACING	
		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			
	Violations			
01	UTC Number BD759608	Issue To? 001	Statute Number 346.18(3)	Description FAIL/YIELD RIGHT/WAY FROM STOP SIGN

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 SOUTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	Total Lanes 2
	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 691WYK	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 2FAHP74W14X107674	Make FORD	Year 2004	Model CROWN VIC
		Color BGE - BEIGE	Body Style 4D - 4DR	Bus Use	
		Initial Contact Point 12 - FRONT	Vehicle Damage		
		Extent Of Damage DISABLING DAMAGE	12 - FRONT		



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	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
02	Owner Name MARY L GRIFFIN (608) 963-6428		Owner Address E8351 CTH H WISCONSIN DELLS, WI 53965 , US	
	Sequence Of Events			
01	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
02	Policy Holder			
	Insurance Company ERIE-INS-CO		Individual MARY GRIFFIN	
03	Individual			
	Driver MARY L GRIFFIN (608) 963-6428		Citations Issued 0	Sex FEMALE
	Date of Birth [REDACTED]		Race WHITE	
	Address E8351 CTH H WISCONSIN DELLS, WI 53965 , US		Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES	
04	Safety Equipment		On Duty Crash	
	Row 01 - FRONT ROW		Seat Position 07 - LEFT	
	Safety Equipment		SHOULDER & LAP BELT	
	Helmet Use		Helmet Compliance	
05	Eye Protection		Tint Compliance	
	Injury		Airbag	
	Injury Severity SUSPECTED MINOR INJURY		DEPLOYED-COMBINATION	
	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE	
06	Trapped/Extricated NOT TRAPPED		Medical Transport EMS GROUND	
	EMS Agency Identifier 511		EMS Run #	
	Hospital REEDSBURG AREA MED CTR		Date of Death	
	Time of Death			
07	Distracted By			
	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)			
08	Distracted By Action NOT DISTRACTED			

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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			
	02	003				