

6TL092T5T4

23-04799

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 23-04799	Investigating Officer/Deputy DEPUTY A. KING	
Crash Date 05/14/2023		Crash Time 04:42 PM	Date Arrived 05/14/2023	Time Arrived 04:45 PM	
Date Notified 05/14/2023		Time Notified 04:43 PM	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

Diagram 	Reconstruction By
	Photos By A. KING
	Additional Information PHOTOS

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

U1 WAS TRAVELING SOUTHBOUND ON HY12 NORTH OF SAUK PRAIRIE RD. OPERATOR OF U1 STATED SHE WAS ADJUSTING HER GPS WHEN SHE APPROACHED THE INTERSECTION. OPERATOR STATED WHEN SHE LOOKED BACK UP, U2 WAS STOPPED. OPERATOR OF U1 STATED SHE TRIED TO STOP AND SWERVE BUT WAS UNSUCCESSFUL. U1 THEN REAR-ENDED U2. OPERATOR OF U2 STATED HE WAS STATIONARY ON HY12 AT THE INTERSECTION OF SAUK PRAIRIE RD TO TURN EASTBOUND ON SAUK PRAIRIE RD. OPERATOR OF U2 STATED HE HAD HIS BLINKER ON AND WAS ABOUT TO TURN WHEN HE GOT STRUCK. ALL OCCUPANTS IN BOTH VEHICLES DENIED ANY INJURIES FROM THE CRASH. U1 WAS TOWED FROM THE SCENE BY EVERETT'S TOWING. U2 WAS REMOVED FROM THE SCENE BY THE OPERATOR. OPERATOR OF U1 WAS CITED FOR INATTENTIVE DRIVING.

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Location

ON USH12 EB 51 FT N OF USH12 EB IN THE TOWN OF PRAIRIE DU SAC IN SAUK COUNTY	Latitude 43.314905553	Longitude -89.759217928
	X Coordinate 276247.40625	Y Coordinate 4799483
	Structure Type	

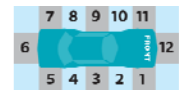
Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ROADSIDE	
Manner of Collision 03 - FRONT TO REAR	Light Condition DAYLIGHT	
Road Surface Condition(s) WET	Roadway Factor(s) ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC)	
Environment Factor(s) WEATHER CONDITIONS		
Weather Condition(s) RAIN		
Animal Type	Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY	Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land	Access Control PARTIAL CONTROL	Special Study
Within Interchange Area YES	Junction Location INTERSECTION	Intersection Type FOUR-WAY 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 4	Train/Bus # Recorded	Total # Citations Issued 1	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre CrashTire 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 DOWNHILL	
	Truck Bus or HazMat NO				

UNIT	VEHICLE	Vehicle			
		License Plate Number AHD5340	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 4T1BF1FK1CU004007	Make TOYOTA	Year 2012	Model CAMRY
		Color BLK - BLACK	Body Style SD - SEDAN		Bus Use
		Initial Contact Point 12 - FRONT	Vehicle Damage		
		Extent Of Damage DISABLING DAMAGE	12 - FRONT		



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UNIT VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By EVERETTS TOWING	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions FOLLOWING TOO CLOSE			
01 01	Owner Name ELLA WOLFF		Owner Address 520 W WOODWARD AVE LIVINGSTON, WI 53554 , US	
	Sequence Of Events			
01 02 03 04	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
UNIT	Policy Holder			
	Insurance Company ERIE-INS-CO		Individual ERIN WOLFF	
UNIT INDIVIDUAL	Individual			
	Driver ELLA WOLFF (608) 732-3897		Citations Issued 1	Sex FEMALE
	Address 520 W WOODWARD AVE LIVINGSTON, WI 53554 , US		Date of Birth	Race WHITE
	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES			
01 001	Safety Equipment		On Duty Crash	
	Row 01 - FRONT ROW		Seat Position 07 - LEFT	
	Helmet Use		Safety Equipment SHOULDER & LAP BELT	
	Eye Protection		Helmet Compliance	
01 001	Injury		Airbag	
	Injury Severity NO APPARENT INJURY		NON DEPLOYED	
	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE	
	Trapped/Extricated NOT TRAPPED			
Medical Transport NOT TRANSPORTED		EMS Agency Identifier		
Hospital		EMS Run #		
Date of Death		Time of Death		
Distracted By		Distracted By Source HAND-HELD MOBILE PHONE		
Distracted By Action MANUALLY OPERATING(TEXTING,DIALING,PLAYING GAME ETC)				

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UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location		
		Prior Action					
		Action					
		Action Other				To/From School	
01	001	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					
		Individual					
		Passenger HARRISON WOLFF (608) 732-6160			Citations Issued 0	Sex MALE	
					Date of Birth	Race WHITE	
		Address 520 W WOODWARD AVE LIVINGSTON, WI 53554 , US			Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
		01	002	Safety Equipment		On Duty Crash	Safety Equipment SHOULDER & LAP BELT
Row 01 - FRONT ROW	Seat Position 09 - RIGHT						
Helmet Use				Helmet Compliance			
Eye Protection				Tint Compliance			
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			
01	002	Distracted By				Distracted By Source	
		Distracted By Action					
01	002	Non Motorist		Striking Unit #	Location		

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UNIT	INDIVIDUAL	Prior Action			
		Action			
		Action Other		To/From School	
01	002	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			
		Individual			
		Passenger WESTON WOLFF (608) 732-3897	Citations Issued 0	Sex MALE	Date of Birth
		Address 520 W WOODWARD AVE LIVINGSTON, WI 53554 , US	Driver License Number		
		Safety Equipment	On Duty Crash	Safety Equipment SHOULDER & LAP BELT	
		Row 06 -UNKNOWN ROW	Seat Position 07 - LEFT	Helmet Use	
Eye Protection	Helmet Compliance				
01	003	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	
		Prior Action			

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UNIT INDIVIDUAL	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		
	Individual		
	Passenger ERIN WOLFF (608) 732-6449	Citations Issued 0	Sex FEMALE
	Date of Birth	Race WHITE	
Address 115 W BARBER AVE LIVINGSTON, WI 53554 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
UNIT INDIVIDUAL	Safety Equipment	On Duty Crash	Safety Equipment SHOULDER & LAP BELT
	Row 06 -UNKNOWN ROW	Seat Position 09 - RIGHT	Helmet Compliance
	Helmet Use	Tint Compliance	
	Eye Protection	Airbag NON DEPLOYED	
	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	
Prior Action			

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UNIT	INDIVIDUAL	Action			
		Action Other			To/From School
01	004	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 BB339177	Issue To? 001	Statute Number 346.89(1)	Description INATTENTIVE DRIVING

Unit Summary

UNIT	02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE		
		Vehicle Type PASSENGER CAR				Operating As Endorsements		
UNIT	02	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 CrashTire 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 DOWNHILL	
		Truck Bus or HazMat NO						

UNIT	02	Vehicle					
		License Plate Number ABD5512		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
		Vehicle Identification Number 3C4NJDCB4KT775916		Make JEEP	Year 2019	Model COMPASS	
		Color RED - RED		Body Style UT - SPORT UTILITY VEHICLE		Bus Use	
		Initial Contact Point 06 - REAR		Vehicle Damage			
		Extent Of Damage MINOR DAMAGE		06 - REAR			
		Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR			



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UNIT VEHICLE	What Driver Was Doing LEFT TURN		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
	Owner Name ALEXANDER KEATING (217) 273-4857		Owner Address 1535 GRAND AVE PRAIRIE DU SAC, WI 53578 , US	
UNIT VEHICLE	Sequence Of Events			
	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
	03	Event		
UNIT VEHICLE	04	Event		
	Policy Holder			
	Insurance Company STATE-FARM-GENERAL-INS-CO		Individual ALEXANDER KEATING	
	Individual			
UNIT INDIVIDUAL	Driver ALEXANDER KEATING		Citations Issued 0	Sex MALE
	Date of Birth		Race WHITE	
	Address 1535 GRAND AVE PRAIRIE DU SAC, WI 53578 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
	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		Trapped/Extricated NOT TRAPPED
	Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #
	Hospital		Date of Death	Time of Death
UNIT INDIVIDUAL	Distracted By			
	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)			
	Distracted By Action NOT DISTRACTED			
UNIT INDIVIDUAL	Non Motorist			
	Striking Unit #		Location	

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UNIT INDIVIDUAL 02 005	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		