

6TL0CTJN3R

Document Number Override		Primary Crash Document #		Agency Crash Number 23-05011		Investigating Officer/Deputy DEPUTY A. KULAS	
Crash Date 05/19/2023		Crash Time 09:16 PM		Date Arrived 05/19/2023		Time Arrived 09:19 PM	
Date Notified 05/19/2023		Time Notified 09:16 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	
		Additional Information NONE	

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

UNIT 1 WAS TURNING NORTH ONTO CTH BD FROM THE FIRST STOP GAS STATION. UNIT 1 TOOK THE RIGHT TURN WIDE THEN OVER CORRECTED INTO THE RIGHT TURN LANE. UNIT 2 WAS NORTH BOUND ON CTH BD AND STRUCK UNIT 1 AS UNIT 1 PULLED OUT IN FRONT OF UNIT 2.

Location

ON CTHBD NB 122 FT S OF N REEDSBURG RD IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude 43.532129718	Longitude -89.777871118
	X Coordinate 275539.375	Y Coordinate 4823659
	Structure Type NO STRUCTURE	

Crash Scene

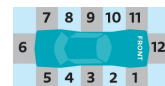
First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 03 - FRONT TO REAR	Light Condition DARK/LIGHTED	
Road Surface Condition(s) DRY	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) CLEAR		
Animal Type	Relation To Trafficway TRAFFICWAY - 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 DRIVEWAY ACCESS	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 2	Train/Bus # Recorded	Total # Citations Issued 1	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel NORTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	Total Lanes 3
	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				

Vehicle

UNIT	VEHICLE	License Plate Number NDS755	Plate Type AUT - AUTOMOBILE	St IA	Country of Issuance UNITED STATES	
		Vehicle Identification Number JM1NB353320226217	Make MAZDA	Year 2002	Model 2	
		Color BLK - BLACK	Body Style 2D - 2DR		Bus Use	
		Initial Contact Point 05 - RIGHT REAR CORNER	Vehicle Damage 04 - RIGHT SIDE REAR, 05 - RIGHT REAR CORNER, 06 - REAR			
		Extent Of Damage FUNCTIONAL DAMAGE				



WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	Towed Due To Damage NOT TOWED		Vehicle Removed By OWNER		
	What Driver Was Doing RIGHT TURN		Vehicle Factors		
	Driver Prior Action Other		NOT APPLICABLE		
	Driver Actions FAILED TO YIELD RIGHT-OF-WAY				
01	01	Owner Name SPENCER VONDRAN (563) 451-8450		Owner Address 11042 WHITETOP RD DUBUQUE, IA 52003 , US	
		Sequence Of Events			
UNIT	01	Event MOTOR VEH IN TRANSPORT			
		Event			
		Event			
		Event			
UNIT	01	Policy Holder			
		Insurance Company PROGRESSIVE-CASUALTY-INS-CO	Individual SPENCER VONDRAN		
UNIT	01	Individual			
		Driver SPENCER VONDRAN (563) 451-8450	Citations Issued 1	Sex MALE	
		Address 11042 WHITETOP RD DUBUQUE, IA 52003 , US		Date of Birth	Race WHITE
		Driver License Number			
UNIT	01	Safety Equipment			
		On Duty Crash		Safety Equipment	
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT	
		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			
		Distracted By Action TALKING/LISTENING			

WISCONSIN MOTOR VEHICLE
CRASH REPORT

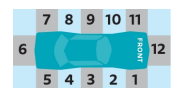
UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location		
		Prior Action					
		Action					
		Action Other				To/From School	
		Drug & Alcohol		Suspected Alcohol Use NO	Suspected Drug Use NO		
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type		Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results	
		Drug Type					
		Individual Condition APPEARED NORMAL					
		UNIT	INDIVIDUAL	Individual			
Passenger RUBY COBA (563) 564-8097				Citations Issued 0	Sex FEMALE		
				Date of Birth	Race HISPANIC		
Address 3664 PENNSYLVANIA AVE DUBUQUE, IA 52002 , US				Driver License Number			
Safety Equipment				On Duty Crash	Safety Equipment		
Row 01 - FRONT 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	
	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			
	01	001	Violations			
			UTC Number BG941833	Issue To? 001	Statute Number 346.31(2)	Description IMPROPER RIGHT TURN

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 2	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0		
		Insurance? YES	Direction Of Travel NORTHBOUND	<input checked="" type="checkbox"/> Pre Crash Tire Mark		Speed Limit 55	Total Lanes 3	
		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 AFW3842		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
		Vehicle Identification Number 2G2WP552781123506		Make PONTIAC	Year 2008	Model GRA	
		Color WHI - WHITE		Body Style 4D - 4DR		Bus Use	
		Initial Contact Point 11 - LEFT FRONT CORNER		Vehicle Damage			
		Extent Of Damage FUNCTIONAL DAMAGE		10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT			



UNIT	Towed Due To Damage NOT TOWED		Vehicle Removed By OWNER		
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors		
	Driver Prior Action Other		NOT APPLICABLE		
	Driver Actions NO CONTRIBUTING ACTION				
02	02	Owner Name CODY RAASCH (608) 408-9151		Owner Address 710 S PRESTON AVE REEDSBURG, WI 53959 , US	
		Sequence Of Events			
UNIT	01	Event MOTOR VEH IN TRANSPORT			
		Event			
		Event			
		Event			
02	03	Policy Holder			
		Insurance Company AMERICAN-FAMILY-INS-CO	Individual CODY RAASCH		
UNIT	04	Individual			
		Driver CODY RAASCH (608) 408-9151	Citations Issued 0	Sex MALE	
		Date of Birth		Race WHITE	
		Address 710 S PRESTON AVE REEDSBURG, WI 53959 , US		Driver License Number	
02	003	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 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 NOT APPLICABLE (NOT DISTRACTED)			
Distracted By Action NOT DISTRACTED					

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	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			
Passenger TARYN RAASCH (608) 449-8527		Citations Issued 0	Sex FEMALE		
Date of Birth		Race WHITE			
Address 710 S PRESTON AVE # 203 REEDSBURG, WI 53959 , US		Driver License Number			
Safety Equipment		On Duty Crash	Safety Equipment		
Row 01 - FRONT ROW		Seat Position 09 - RIGHT	SHOULDER & LAP BELT		
Helmet Use		Helmet Compliance			
Eye Protection		Tint Compliance			
UNIT		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		