

6TL092T5T8

23-05584

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 23-05584	Investigating Officer/Deputy DEPUTY A. KING	
Crash Date 06/01/2023		Crash Time 03:38 PM	Date Arrived 06/01/2023	Time Arrived 03:49 PM	
Date Notified 06/01/2023		Time Notified 03:39 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.

U1 WAS TRAVELING WEST BOUND ON CITY VIEW RD., WHEN HE APPROACHED THE INTERSECTION WITH CH A. U2 WAS STATIONARY AT THE INTERSECTION WAITING TO TURN RIGHT. U2 OPERATOR SAID THEY CREEPED FORWARD BUT THEN A VEHICLE WAS COMING AND THEY STOPPED. U2 OPERATOR SAID U1 WAS COMING UP ON HER LEFT AND WHEN SHE STOPPED, U1 STRUCK HER. OPERATOR OF U1 SAID HE THOUGHT U2 WAS TURNING RIGHT AND HE WENT TO THE LEFT TO BEGIN HIS LEFT HAND TURN. U1 OPERATOR SAID U2 THEN STOPPED AND HE THEN STRUCK U2. U1 RECEIVED MINIMAL DAMAGE ALONG WITH U2. BOTH OPERATORS DENIED ANY INJURIES. BOTH OPERATORS EXCHANGED INFORMATION AND THEY REMOVED THE VEHICLES FROM THE SCENE.

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Location

ON CITY VIEW RD 49 FT E OF EAST ST/ CTHA WB IN THE TOWN OF BARABOO IN SAUK COUNTY	Latitude 43.489103013	Longitude -89.738555143
	X Coordinate 278558.96875	Y Coordinate 4818774.5
	Structure Type	

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 PARTIAL CONTROL	Special Study
Within Interchange Area YES	Junction Location NON-JUNCTION	Intersection Type NOT AN INTERSECTION	

Unit Summary

UNIT 01	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 WESTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 35	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					

UNIT 01 VEHICLE	Vehicle					
	License Plate Number ANY6266		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
	Vehicle Identification Number 1G2HX52K05U103000		Make PONTIAC	Year 2005	Model BONNEVILLE	
	Color GLD - GOLD		Body Style SD - SEDAN		Bus Use	
	Initial Contact Point 01 - RIGHT FRONT CORNER		Vehicle Damage 01 - RIGHT FRONT CORNER			
Extent Of Damage MINOR DAMAGE						



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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OWNER	
	What Driver Was Doing OVERTAKE LEFT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions IMPROPER OVERTAKING / PASSING LEFT			
01 01	Owner Name BRIAN MILLER (608) 408-3915		Owner Address 1875 W PINE ST APT 313 BARABOO, WI 53913 , US	
	Sequence Of Events			
01 01	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company PROGRESSIVE-CLASSIC-INS-CO		Individual BRIAN MILLER	
UNIT INDIVIDUAL	Individual			
	Driver BRIAN MILLER (608) 408-3915		Citations Issued 0	Sex MALE
	Address 1875 W PINE ST APT 313 BARABOO, WI 53913 , 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	Safety Equipment SHOULDER & LAP BELT
	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				

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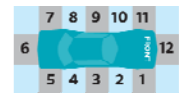
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UNIT 01 INDIVIDUAL 001
Non Motorist
Striking Unit #
Location
Prior Action
Action
Action Other
To/From School
Drug & Alcohol
Suspected Alcohol Use NO
Suspected Drug Use NO
Alcohol Test Given TEST NOT GIVEN
Alcohol Test Type
Alcohol Test Results
Drug Test Given TEST NOT GIVEN
Drug Test Type
Drug Test Results
Drug Type
Individual Condition
APPEARED NORMAL

Unit Summary

UNIT 02
Unit Status IN TRANSIT
Vehicle Operating As Classification D CLASS
Unit Type AUTOMOBILE
Vehicle Type (SPORT) UTILITY VEHICLE
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 WESTBOUND
Pre Crash Tire Mark
Speed Limit 35
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

UNIT 02 VEHICLE 02
Vehicle
License Plate Number KAYSER6
Plate Type LTK - LIGHT TRUCK
St WI
Country of Issuance UNITED STATES
Vehicle Identification Number 1C4RJKD5P8100663
Make JEEP
Year 2023
Model GRAND CHER
Color DBL - BLUE, DARK
Body Style UT - SPORT UTILITY VEHICLE
Bus Use
Initial Contact Point 07 - LEFT REAR CORNER
Vehicle Damage 07 - LEFT REAR CORNER
Extent Of Damage MINOR DAMAGE
Towed Due To Damage NOT TOWED
Vehicle Removed By OPERATOR



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UNIT VEHICLE	What Driver Was Doing RIGHT TURN		Vehicle Factors		
	Driver Prior Action Other		NOT APPLICABLE		
	Driver Actions NO CONTRIBUTING ACTION				
	Owner Name SUZANNE HEISER (608) 393-4278		Owner Address E11870 SHADY LANE RD BARABOO, WI 53913 , US		
UNIT 02	Sequence Of Events				
	01	Event MOTOR VEH IN TRANSPORT			
	02	Event			
	03	Event			
	04	Event			
UNIT	Policy Holder				
	Insurance Company ACUITY,-A-MUTUAL-INSURANCE-CO		Organization/Company KAYSER SAUK		
UNIT INDIVIDUAL	Individual				
	Driver SUZANNE HEISER (608) 393-4278		Citations Issued 0	Sex FEMALE	
	Address E11870 SHADY LANE RD BARABOO, WI 53913 , US		Date of Birth	Race WHITE	
			Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
UNIT 02	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	
		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					
Non Motorist		Striking Unit #			
		Location			

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UNIT	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	002		