

6TL0BGSFJZ  
23-06610

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>23-06610</b>		Investigating Officer/Deputy <b>DEPUTY D. KROLIKOWSKI</b>	
Crash Date <b>06/24/2023</b>		Crash Time <b>02:28 PM</b>		Date Arrived <b>06/24/2023</b>		Time Arrived <b>02:50 PM</b>	
Date Notified <b>06/24/2023</b>		Time Notified <b>02:28 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

Diagram		Reconstruction By
		Photos By
		Additional Information <b>NONE</b>
<input checked="" type="checkbox"/> I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.		
UNIT 2 WAS EAST BOUND ON CO RD U WHEN UNIT 1 ENTERED THE ROAD FROM A PROPERTY TO THE SOUTH OF CO RD U. UNIT 1 DID NOT GET MUCH NOTICE TO YIELD AS THE ROADWAY UNIT 2 WAS COMING FROM WAS DOWN A HILL AND AROUND A CORNER. UNIT 1 STRUCK UNIT 2 ON UNIT 2'S RIGHT SIDE.		

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Location

ON CTHU EB 18 FT W OF HEIN RD IN THE TOWN OF FAIRFIELD IN SAUK COUNTY	Latitude <b>43.53947782</b>	Longitude <b>-89.634210315</b>
	X Coordinate <b>287173.90625</b>	Y Coordinate <b>4824097</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>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>

Unit Summary

UNIT 01	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>3</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 CrashTire Mark</b>	Speed Limit <b>55</b>	Total Lanes <b>2</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>NO CONTROL</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>				

UNIT 01 VEHICLE	<b>Vehicle</b>			
	License Plate Number <b>ASD1501</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>5NPEU46F67H179073</b>	Make <b>HYUNDAI</b>	Year <b>2007</b>	Model <b>SONATA</b>
	Color <b>GRY - GRAY</b>	Body Style <b>SD - SEDAN</b>		Bus Use
	Initial Contact Point <b>01 - RIGHT FRONT CORNER</b>	Vehicle Damage <b>01 - RIGHT FRONT CORNER</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	
	What Driver Was Doing <b>ENTERING TRAFFIC LANE</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>FAILED TO YIELD RIGHT-OF-WAY</b>			
01	Owner Name <b>KEEGAN SCHWICHTENBERG (608) 604-3919</b>		Owner Address <b>496 E 7TH ST RICHLAND CENTER, WI 53581 , US</b>	
	<b>Sequence Of Events</b>			
01	01	Event <b>MOTOR VEH IN TRANSPORT</b>		
	02	Event		
	03	Event		
	04	Event		
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>ACUITY,-A-MUTUAL-INSURANCE-CO</b>		Individual <b>KEEGAN SCHWICHTENBERG</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>KEEGAN SCHWICHTENBERG (608) 604-3919</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
	Address <b>496 E 7TH ST RICHLAND CENTER, WI 53581 , US</b>		Date of Birth	Race <b>WHITE</b>
			Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
01	<b>Safety Equipment</b>		On Duty Crash	
	Row <b>01 - FRONT ROW</b>		Seat Position <b>07 - LEFT</b>	
			<b>SHOULDER &amp; LAP BELT</b>	
	Helmet Use		Safety Equipment	
	Eye Protection		Helmet Compliance	
			Tint Compliance	
001	<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	<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>DAKOTA DRAVES (608) 963-8282</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>		
			Date of Birth	Race <b>WHITE</b>		
Address <b>E13807 COUNTY ROAD U 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				
01 002	<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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UNIT	INDIVIDUAL	Prior Action			
		Action			
		Action Other		To/From School	
01	002	<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>ABAIGEAL TIERNEY (608) 402-5901</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
			Date of Birth	Race <b>WHITE</b>	
		Address <b>S5163 ROCK HILL RD BARABOO, WI 53913 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
		01	003	<b>Safety Equipment</b>	On Duty Crash
Row <b>02 - SECOND 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
<b>Distracted By</b>	Distracted By Source				
Distracted By Action					
<b>Non Motorist</b>	Striking Unit #	Location			
Prior Action					

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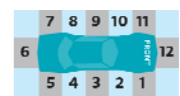
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UNIT	INDIVIDUAL	Action					
		Action Other			To/From School		
		<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>		
		Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type		Alcohol Test Results	
		Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type		Drug Test Results	
		Drug Type					
		Individual Condition <b>APPEARED NORMAL</b>					
		01	003				

**Unit Summary**

UNIT	02	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>TRUCK</b>			
		Vehicle Type <b>UTILITY TRUCK/PICKUP TRUCK</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>EASTBOUND</b>		<input type="checkbox"/> Pre CrashTire Mark	
		Speed Limit <b>55</b>		Total Lanes <b>2</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>NO CONTROL</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>							

UNIT	VEHICLE	<b>Vehicle</b>					
		License Plate Number <b>JA5087</b>		Plate Type <b>LTK - LIGHT TRUCK</b>		St <b>WI</b>	
		Country of Issuance <b>UNITED STATES</b>		Vehicle Identification Number <b>1GTGK29U11Z173503</b>		Make <b>GENERAL MOTORS COR</b>	
		Year <b>2001</b>		Model <b>SIERRA K25</b>		Color <b>SIL - SILVER (ALUMINUM)</b>	
		Body Style <b>PK - PICKUP</b>		Bus Use			
		Initial Contact Point <b>03 - RIGHT SIDE MIDDLE</b>		Vehicle Damage			
		Extent Of Damage <b>FUNCTIONAL DAMAGE</b>		<b>03 - RIGHT SIDE MIDDLE, 04 - RIGHT SIDE REAR</b>			
		Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By			
What Driver Was Doing <b>GOING STRAIGHT</b>							



WISCONSIN MOTOR VEHICLE  
CRASH REPORT

UNIT VEHICLE	Vehicle Factors	
	Driver Prior Action Other	NOT APPLICABLE
	Driver Actions NO CONTRIBUTING ACTION	
02	Owner Name DOUGLAS BILLMANN (920) 912-1462	Owner Address 112 SHELLY DR SHEBOYGAN FALLS, WI 53085 , US
	<b>Sequence Of Events</b>	
01 02 03 04	Event MOTOR VEH IN TRANSPORT	
	Event	
	Event	
	Event	
UNIT	<b>Policy Holder</b>	
	Insurance Company PROGRESSIVE-ADVANCED-INSURANCE-CO	Individual DOUGLAS BILLMANN
UNIT INDIVIDUAL	<b>Individual</b>	
	Driver DOUGLAS BILLMANN (920) 912-1462	Citations Issued 0
		Sex MALE
		Date of Birth Race WHITE
	Address 112 SHELLY DR SHEBOYGAN FALLS, WI 53085 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES
02 004	<b>Safety Equipment</b>	
	On Duty Crash	Safety Equipment
	Row 01 - FRONT ROW	Seat Position 07 - LEFT
	SHOULDER & LAP BELT	
	Helmet Use	Helmet Compliance
	Eye Protection	Tint Compliance
	<b>Injury</b>	Injury Severity NO APPARENT INJURY
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
<b>Distracted By</b>	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)	
<b>Distracted By Action</b>	NOT DISTRACTED	
<b>Non Motorist</b>	Striking Unit #	Location

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UNIT	INDIVIDUAL	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>		
		<b>Individual</b>		
		Passenger <b>BARBARA BILLMANN</b> <b>(920) 912-1462</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>
Date of Birth	Race <b>WHITE</b>			
Address <b>112 SHELLY DR</b> <b>SHEBOYGAN FALLS, WI 53085 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
02	005	<b>Safety Equipment</b>	On Duty Crash	Safety Equipment
		Row <b>01 - FRONT ROW</b>	Seat Position <b>09 - RIGHT</b>	<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			
Distracted By Action				
<b>Non Motorist</b>	Striking Unit #	Location		
Prior Action				



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UNIT INDIVIDUAL          02 005	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>		