

6TL0CR2KSV
23-06720

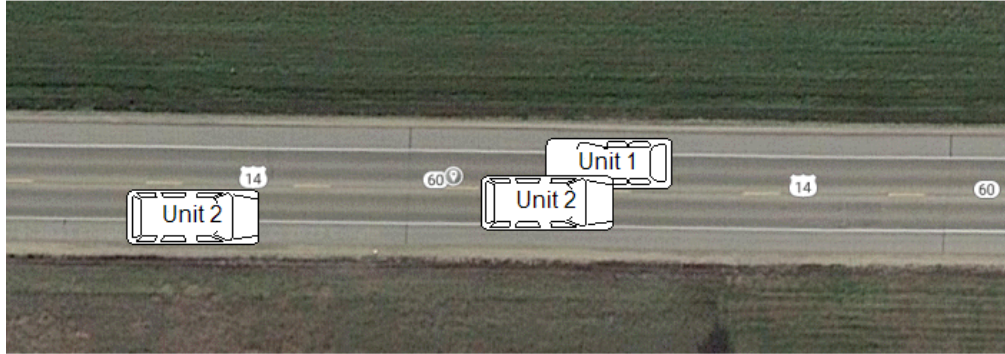
WISCONSIN MOTOR VEHICLE
CRASH REPORT

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 23-06720	Investigating Officer/Deputy DEPUTY Z. DRILL	
Crash Date 06/26/2023		Crash Time 11:16 PM	Date Arrived 06/26/2023	Time Arrived 11:25 PM	
Date Notified 06/26/2023		Time Notified 11:17 PM	Total Units 02	Total Injured 00	Total Killed 00
<input type="checkbox"/> On Emergency	<input checked="" 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 NOT TO SCALE 	Reconstruction By
	Photos By DEPUTY DRILL
	Additional Information PHOTOS

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

UNIT ONE TRAVELING WEST ON HWY 14. UNIT TWO TRAVELING EAST ON HWY 14. DRIVER OF UNIT ONE SAW UNIT TWO COMING INTO THE LANE OF UNIT ONE. UNIT ONE DRIVER THOUGHT DRIVER OF UNIT TWO WOULD SWERVE BACK INTO THE EAST BOUND LANE, HOWEVER UNIT TWO DID NOT MOVE. UNIT ONE WAS SIDE SWIPED BY UNIT TWO CAUSING MINOR DAMAGE TO THE DRIVER SIDE OF UNIT ONE. SCUFF MARKS ON THE DRIVER SIDE FRONT AN REAR OF UNIT ONE WERE VISIBLE AND THE DRIVER SIDE REAR VIEW MIRROR WAS BROKEN ON UNIT ONE. UNKNOWN DAMAGE TO UNIT TWO WHICH DID NOT STOP AND FLED THE SCENE. UNKNOWN DRIVE AND, MAKE OR MODEL VEHICLE FOR UNIT TWO, POSSIBLE DARK GREY OR BLUE SUV. UNIT ONE WAS DRIVEN FROM THE SCENE, NO INJURIES REPORTED.

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Location

ON USH14 WB 0.57 MI E OF PORTER RD IN THE TOWN OF SPRING GREEN IN SAUK COUNTY	Latitude 43.190913834	Longitude -90.161762542
	X Coordinate 243080.84375	Y Coordinate 4786870
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 06 - SIDESWIPE/OPPOSITE DIRECTION	Light Condition DARK/UNLIT	
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 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 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 NO CONTROL		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 ASD1518	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 2G4WS52J531181768	Make BUICK	Year 2003	Model CENTURY
	Color BGE - BEIGE	Body Style SD - SEDAN		Bus Use
	Initial Contact Point 11 - LEFT FRONT CORNER	Vehicle Damage 07 - LEFT REAR CORNER, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER		
Extent Of Damage MINOR DAMAGE				



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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
01	Owner Name OLIVIA CORY (608) 485-6110		Owner Address 1160 N PARK ST RICHLAND CENTER, WI 53581 , US	
	Sequence Of Events			
01	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company PROGRESSIVE-ADVANCED-INSURANCE-CO		Individual OLIVIA CORY	
UNIT INDIVIDUAL	Individual			
	Driver OLIVIA CORY (608) 485-6110		Citations Issued 0	Sex FEMALE
	Address 1160 N PARK ST RICHLAND CENTER, WI 53581 , US		Date of Birth	Race WHITE
			Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
01	Safety Equipment		On Duty Crash	
	Row 01 - FRONT ROW		Seat Position 07 - LEFT	
			SHOULDER & LAP BELT	
	Helmet Use		Safety Equipment	
	Eye Protection		Helmet Compliance	
			Tint Compliance	
Injury		Injury Severity NO APPARENT INJURY		
		Airbag NON DEPLOYED		
Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE		
Medical Transport NOT TRANSPORTED		Trapped/Extricated NOT TRAPPED		
Hospital		EMS Agency Identifier	EMS Run #	
		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					
	01	001				

Unit Summary

UNIT	02	Unit Status HIT AND RUN		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? UNKNOWN		Direction Of Travel EASTBOUND		<input type="checkbox"/> Pre Crash Tire Mark		Speed Limit 55		Total Lanes 2		
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT				Special Function UNKNOWN			Emergency Motor Vehicle Use UNKNOWN			
	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	02	Vehicle							
			License Plate Number			Plate Type	St	Country of Issuance		
			Vehicle Identification Number			Make	Year	Model		
			Color			Body Style			Bus Use	
			Initial Contact Point 11 - LEFT FRONT CORNER			Vehicle Damage				
			Extent Of Damage VEHICLE NOT AT SCENE			16 - VEHICLE NOT AT SCENE				
Towed Due To Damage NOT TOWED			Vehicle Removed By OPERATOR							

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UNIT	What Driver Was Doing		Vehicle Factors	
	Driver Prior Action Other		UNKNOWN	
VEHICLE	Driver Actions UNKNOWN			
	Owner Name		Owner Address	
02			, ,	
Sequence Of Events				
01	Event MOTOR VEH IN TRANSPORT			
	Event CROSS CENTERLINE			
	Event MOTOR VEH IN TRANSPORT			
	Event			
INDIVIDUAL	Driver UNKNOWN UNKNOWN		Citations Issued 0	Sex
	Address		Date of Birth	Race
	, ,		Driver License Number	
02	Safety Equipment		On Duty Crash	
	Row 99 - UNKNOWN		Seat Position	Safety Equipment NONE USED - VEHICLE OCCUPANT
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
002	Injury		Injury Severity NO APPARENT INJURY	Airbag NOT APPLICABLE
	Ejected NOT APPLICABLE		Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT APPLICABLE
	Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #
	Hospital		Date of Death	Time of Death
002	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	Suspected Drug Use	
	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		
	NOT OBSERVED		