

6TL0BGSFK0
23-06654

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 23-06654		Investigating Officer/Deputy DEPUTY D. KROLIKOWSKI		
Crash Date 06/25/2023		Crash Time 01:48 PM		Date Arrived 06/25/2023		Time Arrived 02:04 PM		
Date Notified 06/25/2023		Time Notified 01:48 PM		Total Units 01		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.

OPERATOR WAS DRIVING THE VEHICLE WESTBOUND ON CO RD W WHEN IT LEFT THE ROADWAY TO IT'S RIGHT. AFTER LEAVING THE ROAD IT STRUCK A MAILBOX FOR THE PROPERTY AT ADDRESS E12865 CO RD W. THE MAILBOX WAS AFFIXED TO A 6X6 POST IN A GARBAGE CAN FILLED WITH SAND AS A BASE.

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Location

ON CTHW WB 0.67 MI W OF BLUFF RD IN THE TOWN OF GREENFIELD IN SAUK COUNTY	Latitude 43.457106043	Longitude -89.683453537
	X Coordinate 282900.09375	Y Coordinate 4815076
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MAILBOX	First Harmful Event Location ROADSIDE	
Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT	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 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 (SPORT) UTILITY VEHICLE	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 WESTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 55	Total Lanes 2
	Most Harmful Event: Collision With MAILBOX	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 CURVE RIGHT		Road Grade UPHILL	
	Truck Bus or HazMat NO				

UNIT 01 VEHICLE	Vehicle			
	License Plate Number 614YMH	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1GNKRFED5FJ289805	Make CHEVROLET	Year 2015	Model TRAVERSE L
	Color SIL - SILVER (ALUMINUM)	Body Style LL - CARRYALL		Bus Use
	Initial Contact Point 01 - RIGHT FRONT CORNER	Vehicle Damage 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT		
Extent Of Damage FUNCTIONAL DAMAGE				



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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By	
	What Driver Was Doing NEGOTIATING CURVE		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions FAILURE TO CONTROL			
01 01	Owner Name SHEILA ELLWANGER		Owner Address 427 WAGNER DR CLINTON, WI 53525 , US	
	Sequence Of Events			
01 02 03 04	Event MAILBOX			
	Event			
	Event			
	Event			
UNIT	Policy Holder			
	Insurance Company STATE-FARM-GENERAL-INS-CO		Individual SHEILA ELLWANGER	
UNIT INDIVIDUAL	Individual			
	Driver JASMINE BLOSS (608) 415-8439		Citations Issued 1	Sex FEMALE
	Address 427 WAGNER DR CLINTON, WI 53525 , 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 PASSENGER/OTHER NON-MOTORIST		
Distracted By Action		TALKING/LISTENING		

WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT	Non Motorist		Striking Unit #	Location			
	Prior Action						
	Action						
	Action Other				To/From School		
01	INDIVIDUAL	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 CADY DORSEY (608) 434-2355			Citations Issued 0	Sex FEMALE	
		Address E12442 CO RD W BARABOO, WI 53913 , US			Date of Birth WHITE		
		Driver License Number			Race		
		Safety Equipment		On Duty Crash	Safety Equipment SHOULDER & LAP BELT		
Row 01 - FRONT ROW	Seat Position 09 - RIGHT		Helmet Compliance				
Helmet Use		Eye Protection					
Tint Compliance		Airbag NON DEPLOYED					
01	002	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					
UNIT	Non Motorist		Striking Unit #	Location			

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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				
	Violations				
01	UTC Number	Issue To?	Statute Number	Description	
	BG942206	001	346.57(2)	FAILURE TO KEEP VEHICLE UNDER CONTROL	
Property Owner					
PROP OWNER 01	Individual JOHN BRENEMAN (608) 356-8780			Address E12865 CO RD W, WI 53913 , US	
	Fixed Objects Struck				
01	Striking Unit	Struck Object	Structure Number	Damage Tag Number	
	01	MAILBOX			