

6TL0DBC3GD
23-06998

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 23-06998	Investigating Officer/Deputy DEPUTY B. TRAGER	
Crash Date 07/03/2023		Crash Time 10:01 AM	Date Arrived 07/03/2023	Time Arrived 10:24 AM	
Date Notified 07/03/2023		Time Notified 10:02 AM	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.

ON JULY 3, 2023 AT APPROXIMATELY 10:01AM UNIT 2 WAS TRAVELING WEST ON US HWY 12 JUST WEST OF LUDERS RD WHEN IT ATTEMPTED TO MERGE DUE TO THEIR LANE ENDING. UNIT 1 THEN STRUCK UNIT 2 AS IT WAS MERGING. UNIT 1 ADMITTED TO KNOWING THAT UNIT 2 WAS ATTEMPTING TO MERGE BUT STATED SHE WOULD HAVE HAD TO SLAM ON HER BREAKS TO AVOID THE COLLISION. NO INJURIES WERE REPORTED. BOTH OWNERS REMOVED THEIR VEHICLES FROM THE SCENE.

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Location

ON USH12 WB 90 FT W OF LUEDERS RD IN THE TOWN OF PRAIRIE DU SAC IN SAUK COUNTY	Latitude 43.271009147	Longitude -89.739676503
	X Coordinate 277672.1875	Y Coordinate 4794555.5
	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 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 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 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 01 VEHICLE	Vehicle			
	License Plate Number 292585	Plate Type AUT - AUTOMOBILE	St IL	Country of Issuance UNITED STATES
	Vehicle Identification Number 2GNALBEK2F6140723	Make CHEVROLET	Year 2015	Model EQUINOX
	Color GRN - GREEN	Body Style 4D - 4DR	Bus Use	
	Initial Contact Point 01 - RIGHT FRONT CORNER	Vehicle Damage 01 - RIGHT FRONT CORNER		
Extent Of Damage FUNCTIONAL DAMAGE				



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UNIT VEHICLE	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 FAILED TO YIELD RIGHT-OF-WAY			
01	01	Owner Name ANDREA BEIEN (608) 790-7010		Owner Address 111 15TH AVE STERLING, IL 61081 , US
Sequence Of Events				
01	01	Event MOTOR VEH IN TRANSPORT		
02	02	Event		
03	03	Event		
04	04	Event		
Policy Holder				
UNIT	Insurance Company ALLSTATE-INS-CO		Individual ANDREA BEIEN	
Individual				
UNIT INDIVIDUAL	Driver ANDREA BEIEN (608) 790-7010		Citations Issued 0	Sex FEMALE
	Address 111 15TH AVE STERLING, IL 61081 , US		Date of Birth	Race
01	Driver License Number STATE: ILLINOIS COUNTRY: UNITED STATES			
Safety Equipment				
01	On Duty Crash		Safety Equipment	
001	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				

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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 IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type TRUCK		
		Vehicle Type UTILITY TRUCK/PICKUP TRUCK			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 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 IJE140	Plate Type LTK - LIGHT TRUCK	St IA	Country of Issuance UNITED STATES
		Vehicle Identification Number 1GTV2NEC6GZ410596	Make GENERAL MOTORS COR	Year 2016	Model SIERRA
		Color BLU - BLUE	Body Style PK - PICKUP		Bus Use
		Initial Contact Point 07 - LEFT REAR CORNER	Vehicle Damage 07 - LEFT REAR CORNER		
		Extent Of Damage FUNCTIONAL DAMAGE			
Towed Due To Damage NOT TOWED		Vehicle Removed By OWNER			



WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT VEHICLE	What Driver Was Doing CHANGING LANES		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
	Owner Name DANIEL FRISCH (563) 580-9545		Owner Address 19962 ASBURY RD DURANGO, IA 52039 , US	
UNIT 02	Sequence Of Events			
	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company AUTO-OWNERS-INS-CO		Individual DANIEL FRISCH	
UNIT INDIVIDUAL	Individual			
	Driver DANIEL FRISCH (563) 580-9545		Citations Issued 0	Sex MALE
	Address 19962 ASBURY RD DURANGO, IA 52039 , US		Date of Birth	Race WHITE
	Driver License Number STATE: IOWA COUNTRY: UNITED STATES			
UNIT 02	Safety Equipment		On Duty Crash	
	Row 01 - FRONT ROW		Seat Position 07 - LEFT	
	Helmet Use		Safety Equipment SHOULDER & LAP BELT	
	Eye Protection		Helmet Compliance	
	Injury 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	
	Date of Death		EMS Run #	
	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		