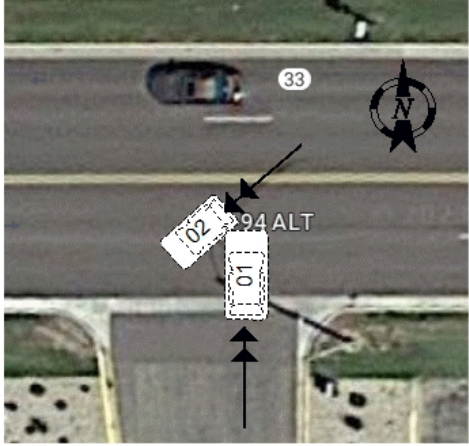


6TL0BGSFJX

Document Number Override		Primary Crash Document #		Agency Crash Number <b>23-06544</b>		Investigating Officer/Deputy <b>DEPUTY D. KROLIKOWSKI</b>	
Crash Date <b>06/23/2023</b>		Crash Time <b>11:13 AM</b>		Date Arrived <b>06/23/2023</b>		Time Arrived <b>11:15 AM</b>	
Date Notified <b>06/23/2023</b>		Time Notified <b>11:13 AM</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"/> 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	
<input type="checkbox"/> Trailer or Towed		<input type="checkbox"/> Reporting Threshold					

**Description**

Diagram		Reconstruction By	
		Photos By	
		Additional Information <b>NONE</b>	

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

UNIT 2 WAS MAKING A LEFT HAND TURN TO ENTER A DRIVEWAY OFF THE ROADWAY. UNIT 1 DID NOT YIELD AND ENTERED THE ROADWAY FROM THE DRIVEWAY BEFORE UNIT 2 WAS OUT OF THE WAY.

**Location**

<b>ON STH33 WB</b> <b>325 FT W</b> <b>OF STH136 WB</b> <b>IN THE VILLAGE OF WEST BARABOO</b> <b>IN SAUK COUNTY</b>	Latitude <b>43.474749304</b>	Longitude <b>-89.770132583</b>
	X Coordinate <b>275952.40625</b>	Y Coordinate <b>4817265</b>
	Structure Type <b>NO STRUCTURE</b>	

**Crash Scene**

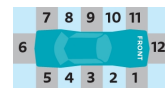
First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>00 - NO COLLISION W/VEHICLE IN TRANSPORT</b>	Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>		
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**

<b>UNIT</b>	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>2</b>	Train/Bus # Recorded	Total # Citations Issued <b>2</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>NO</b>	Direction Of Travel <b>NORTHBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>25</b>	Total Lanes <b>4</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>				

**Vehicle**

<b>UNIT</b>	<b>VEHICLE</b>	License Plate Number <b>AMA7920</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
		Vehicle Identification Number <b>1G6KD57Y08U181033</b>	Make <b>CADILLAC</b>	Year <b>2008</b>	Model <b>DTS</b>	
		Color <b>WHI - WHITE</b>	Body Style <b>SD - SEDAN</b>		Bus Use	
		Initial Contact Point <b>11 - LEFT FRONT CORNER</b>	Vehicle Damage			
		Extent Of Damage <b>FUNCTIONAL DAMAGE</b>	<b>11 - LEFT FRONT CORNER</b>			



WISCONSIN MOTOR VEHICLE  
CRASH REPORT

UNIT	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	01	Owner Name <b>TAM LE</b>		Owner Address <b>W154N10285 REGENCY CT # N GERMANTOWN, WI 53022 , US</b>	
		<b>Sequence Of Events</b>			
01	01	Event <b>MOTOR VEH IN TRANSPORT</b>			
		Event			
		Event			
		Event			
01	01	<b>Individual</b>			
		Driver <b>DONG NGUYEN (715) 451-7378</b>		Citations Issued <b>2</b>	Sex <b>MALE</b>
		Address <b>711 TYLER AVENUE BARABOO, WI 53913 , US</b>		Date of Birth	Race <b>ASIAN OR NATIVE HAWAIIAN OR OTHER PACIFIC ISLA</b>
		Driver License Number			
01	001	<b>Safety Equipment</b>		On Duty Crash	
		Row <b>01 - FRONT ROW</b>		Seat Position <b>07 - LEFT</b>	
		Safety Equipment <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 <b>NOT APPLICABLE (NOT DISTRACTED)</b>			
<b>Distracted By Action</b>		<b>NOT DISTRACTED</b>			
<b>Non Motorist</b>		Striking Unit #	Location		

UNIT	Prior Action		
	Action		
	Action Other		To/From School
01 001	<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>V HA</b> <b>(715) 451-7378</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>
	Address <b>711 TYLER AVENUE</b> <b>BARABOO, WI 53913 , US</b>	Date of Birth	
		Race <b>ASIAN OR NATIVE HAWAIIAN OR OTHER PACIFIC ISLA</b>	
		Driver License Number	
01 002	<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 Compliance
	Helmet Use		
	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			

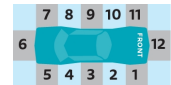
UNIT	INDIVIDUAL	Action				
		Action Other			To/From School	
	01	002	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>
			Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type		Alcohol Test Results
			Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results	
			Drug Type			
			Individual Condition <b>APPEARED NORMAL</b>			
	02	01	<b>Violations</b>			
			UTC Number <b>BG942189</b>	Issue To? <b>001</b>	Statute Number <b>344.62(1)</b>	Description <b>OPERATE MOTOR VEHICLE W/O INSURANCE</b>
	02	01	UTC Number <b>BG942188</b>	Issue To? <b>001</b>	Statute Number <b>346.06</b>	Description <b>FAILURE TO YIELD RIGHT OF WAY</b>

**Unit Summary**

UNIT	02	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>1</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>WESTBOUND</b>	<input type="checkbox"/> <b>Pre CrashTire Mark</b>	Speed Limit <b>25</b>	Total Lanes <b>4</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>						

**Vehicle**

02	02	License Plate Number <b>323VBF</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>1FADP3F29EL181408</b>	Make <b>FORD</b>	Year <b>2014</b>	Model <b>FOCUS</b>
		Color <b>RED - RED</b>	Body Style <b>SD - SEDAN</b>		Bus Use
		Initial Contact Point <b>08 - LEFT SIDE REAR</b>			



WISCONSIN MOTOR VEHICLE  
CRASH REPORT

UNIT VEHICLE	Vehicle Damage	
	Extent Of Damage <b>FUNCTIONAL DAMAGE</b>	<b>08 - LEFT SIDE REAR</b>
	Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By
	What Driver Was Doing <b>LEFT TURN</b>	Vehicle Factors
UNIT VEHICLE	Driver Prior Action Other	<b>NOT APPLICABLE</b>
	Driver Actions <b>NO CONTRIBUTING ACTION</b>	
02 02	Owner Name <b>LISA KNOOP (608) 356-2530</b>	Owner Address <b>1024 TINKHAM TRL BARABOO, WI 53913 , US</b>
	<b>Sequence Of Events</b>	
01 02 03 04	Event <b>MOTOR VEH IN TRANSPORT</b>	
	Event	
	Event	
	Event	
UNIT INDIVIDUAL	<b>Policy Holder</b>	
	Insurance Company <b>STATE-FARM-GENERAL-INS-CO</b>	Individual <b>LISA KNOOP</b>
02 003	<b>Individual</b>	
	Driver <b>LISA KNOOP (608) 356-2530</b>	Citations Issued <b>0</b>
		Sex <b>FEMALE</b>
		Date of Birth
	Address <b>1024 TINKHAM TRL BARABOO, WI 53913 , US</b>	Race <b>WHITE</b>
	Driver License Number	
02 003	<b>Safety Equipment</b>	
	On Duty Crash	Safety Equipment
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</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
	Hospital	EMS Run #
	Date of Death	Time of Death

UNIT	INDIVIDUAL	<b>Distracted By</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>				
		<b>Distracted By Action</b>		<b>NOT DISTRACTED</b>				
		<b>Non Motorist</b>	Striking Unit #	Location				
			Prior Action					
		Action						
		Action Other				To/From School		
		02	003	<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>								