

6TL09XQZ5N  
23-07354

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>23-07354</b>		Investigating Officer/Deputy <b>DEPUTY I. GALVAN</b>	
Crash Date <b>07/11/2023</b>		Crash Time <b>12:35 PM</b>		Date Arrived <b>07/11/2023</b>		Time Arrived <b>12:56 PM</b>	
Date Notified <b>07/11/2023</b>		Time Notified <b>12:37 PM</b>		Total Units <b>02</b>		Total Injured <b>01</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	
<p>DRIVEWAY TO E2806 STATE ROAD 154 HILLPOINT, WI</p> <p>STATE ROAD 154</p> <p>01</p> <p>01</p> <p>01</p> <p>U2</p> <p>U2</p> <p>WITNESS</p> <p>NOT TO SCALE</p>		Photos By <b>I. GALVAN</b>	
		Additional Information <b>PHOTOS</b>	

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

UNIT 1 WAS TRAVELING WESTBOUND. UNIT 2 WAS TRAVELING WESTBOUND AND MAKING A LEFT TURN INTO E2806 STATE ROAD 154 HILLPOINT, WI. WITNESS STATED LEFT TURN INDICATOR WAS ACTIVATED. UNIT 1 PASSED ON THE LEFT STRIKING UNIT 2. UNIT SUSPECTED TO HAVE A RIGHT ARM INJURY. UNIT 2 OPERATOR CITED FOR PASSING VEHICLE INDICATING LEFT TURN. WEGNERS TOWING REMOVED UNIT 2. UNIT 1 WAS REMOVED BY OPERATOR.

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Location

ON STH154 WB 1021 FT S OF HIGHWAY 154 SPUR IN THE TOWN OF WASHINGTON IN SAUK COUNTY	Latitude <b>43.399818762</b>	Longitude <b>-90.177184946</b>
	X Coordinate <b>242710.78125</b>	Y Coordinate <b>4810119.5</b>
	Structure Type <b>NO STRUCTURE</b>	

Crash Scene

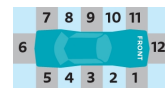
First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>01 - ANGLE</b>	Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>		
Weather Condition(s) <b>CLEAR</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>DRIVEWAY ACCESS-RELATED</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>TRUCK</b>		
	Vehicle Type <b>UTILITY TRUCK/PICKUP TRUCK</b>	Operating As Endorsements			
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>1</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"/> Pre Crash Tire 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>				

Vehicle

<b>UNIT</b>	<b>VEHICLE</b>	License Plate Number <b>UA1898</b>	Plate Type <b>LTK - LIGHT TRUCK</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
		Vehicle Identification Number <b>2GCVKPEC7K1211408</b>	Make <b>CHEVROLET</b>	Year <b>2019</b>	Model <b>SILVERADO</b>	
		Color <b>BLU - BLUE</b>	Body Style <b>4D - 4DR</b>		Bus Use	
		Initial Contact Point <b>02 - RIGHT SIDE FRONT</b>	Vehicle Damage <b>02 - RIGHT SIDE FRONT, 04 - RIGHT SIDE REAR</b>			
		Extent Of Damage <b>FUNCTIONAL DAMAGE</b>				



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UNIT	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>		
	What Driver Was Doing <b>OVERTAKE LEFT</b>		Vehicle Factors		
	Driver Prior Action Other		<b>NOT APPLICABLE</b>		
	Driver Actions <b>IMPROPER OVERTAKING / PASSING LEFT</b>				
01	01	Owner Name <b>ROMAINE ELECTRIC CORPORATION (920) 517-1521</b>		Owner Address <b>765 SULLIVAN DR FOND DU LAC, WI 54935 , US</b>	
		<b>Sequence Of Events</b>			
UNIT	01	Event <b>MOTOR VEH IN TRANSPORT</b>			
		Event			
		Event			
		Event			
UNIT	01	<b>Policy Holder</b>			
		Insurance Company <b>CNA INSURANCE CO.</b>	Individual <b>ANDREW SHAW</b>		
UNIT	01	<b>Individual</b>			
		Driver <b>ANDREW SHAW (920) 251-2071</b>	Citations Issued <b>1</b>	Sex <b>MALE</b>	
		Address <b>158 ARVEY LN FOND DU LAC, WI 54935 , US</b>		Date of Birth	Race <b>WHITE</b>
		Driver License Number			
UNIT	01	<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			
UNIT	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>			
<b>Distracted By Action</b>		<b>NOT DISTRACTED</b>			

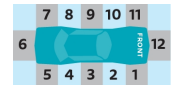
UNIT INDIVIDUAL	<b>Non Motorist</b>		Striking Unit #	Location	
	Prior Action				
	Action				
	Action Other			To/From School	
	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>	
	Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type	Alcohol Test Results	
	Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type	Drug Test Results	
	Drug Type				
	Individual Condition <b>APPEARED NORMAL</b>				
	<b>Violations</b>				
01	001	UTC Number <b>AE757879</b>	Issue To? <b>001</b>	Statute Number <b>346.09(4)</b>	Description <b>PASSING VEHICLE INDICATING LEFT TURN</b>

**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>(SPORT) UTILITY VEHICLE</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>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>					

**Vehicle**

UNIT 02	License Plate Number <b>KH4474</b>		Plate Type <b>LTK - LIGHT TRUCK</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>JF2SJAEC0JH540547</b>		Make <b>SUBARU</b>	Year <b>2018</b>	Model <b>FORESTER</b>
	Color <b>GRN - GREEN</b>		Body Style <b>4D - 4DR</b>		Bus Use
	Initial Contact Point <b>11 - LEFT FRONT CORNER</b>				



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UNIT VEHICLE	Vehicle Damage			
	Extent Of Damage <b>DISABLING DAMAGE</b>	<b>10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT</b>		
	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	Vehicle Removed By <b>WEGNERS TOWING</b>		
	What Driver Was Doing <b>LEFT TURN</b>	Vehicle Factors <b>NOT APPLICABLE</b>		
UNIT VEHICLE	Driver Actions <b>NO CONTRIBUTING ACTION</b>			
	Owner Name <b>SUSAN DAVIS (608) 647-8526</b>	Owner Address <b>28005 CRESTVIEW DR RICHLAND CENTER, WI 53581 , US</b>		
<b>Sequence Of Events</b>				
UNIT VEHICLE	01	Event <b>MOTOR VEH IN TRANSPORT</b>		
	02	Event		
	03	Event		
	04	Event		
<b>Policy Holder</b>				
UNIT INDIVIDUAL	Insurance Company <b>SECURA-INS-CO</b>	Individual <b>SUSAN DAVIS</b>		
	<b>Individual</b>			
UNIT INDIVIDUAL	Driver <b>SUSAN DAVIS (608) 647-8526</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
		Date of Birth	Race <b>WHITE</b>	
	Address <b>28005 CRESTVIEW DR RICHLAND CENTER, WI 53581 , US</b>	Driver License Number		
<b>Safety Equipment</b>				
UNIT INDIVIDUAL	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>		Airbag	
002	Injury Severity <b>SUSPECTED MINOR INJURY</b>	<b>NON DEPLOYED</b>		
UNIT INDIVIDUAL	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

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UNIT	INDIVIDUAL	Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>				
		Distracted By Action <b>NOT DISTRACTED</b>				
		<b>Non Motorist</b>	Striking Unit #	Location		
		Prior Action				
		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>		
<b>Witness</b>						
WITN ESS	01	Individual <b>CODIE SOMMERS</b> (920) 470-2033		Address <b>129 GIVENS ROAD #2</b> <b>HORTONVILLE, WI 54944 , US</b>		Date of Birth