

6TL09XQZ5L
23-06951

WISCONSIN MOTOR VEHICLE
CRASH REPORT

SAUK COUNTY SHERIFFS DEPARTMENT
1300 LANGE COURT
BARABOO, WI 53913
(608) 356-4895

6TL09XQZ5L

Document Number Override		Primary Crash Document #		Agency Crash Number 23-06951		Investigating Officer/Deputy DEPUTY I. GALVAN	
Crash Date 07/02/2023		Crash Time 03:41 PM		Date Arrived 07/02/2023		Time Arrived 04:11 PM	
Date Notified 07/02/2023		Time Notified 03:43 PM		Total Units 02		Total Injured 01	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"/> 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	
<input type="checkbox"/> Trailer or Towed		<input type="checkbox"/> Reporting Threshold					

Description

Diagram		Reconstruction By	
		Photos By I. GALVAN	
		Additional Information PHOTOS	

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

UNIT 1 WAS BACKING ON TO HIGHWAY FROM DRIVEWAY AT E5451 STH 60 SPRING GREEN, WI. UNIT 1 LOOKED BUT DID NOT SEE UNIT 2 TRAVELING EASTBOUND AND STRUCK IT ON ITS FRONT PASSENGER SIDE FENDER CAUSING UNIT 2 TO LEAVE ROADWAY INTO A DITCH. UNIT 2 OCCUPANTS REPORTED ONE POSSIBLE INJURY. UNIT 1 WAS REMOVED BY OPERATOR. UNIT 2 WAS TOWED BY EVERETTS.

6TL09XQZ5L
23-06951

WISCONSIN MOTOR VEHICLE
CRASH REPORT

SAUK COUNTY SHERIFFS DEPARTMENT
1300 LANGE COURT
BARABOO, WI 53913
(608) 356-4895

Location

ON STH60 EB 0.60 MI W OF RAINBOW RD IN THE TOWN OF SPRING GREEN IN SAUK COUNTY	Latitude 43.189888634	Longitude -90.051148306
	X Coordinate 252065.5625	Y Coordinate 4786422.5
	Structure Type NO STRUCTURE	

Crash Scene

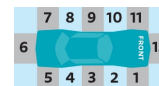
First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 05 - REAR TO SIDE	Light Condition DAYLIGHT	
Road Surface Condition(s) DRY	Roadway Factor(s) NONE	
Environment Factor(s) VISUAL OBSTRUCTION (S)		
Weather Condition(s) CLEAR		
Animal Type	Relation To 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 DRIVEWAY ACCESS-RELATED	Intersection Type NOT AN INTERSECTION

Unit Summary

UNIT	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 NORTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit N/A	Total Lanes 1
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT	Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way PARKING LOT OR PRIVATE PROPERTY	Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type SLAG, GRAVEL, OR STONE	Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO				

Vehicle

UNIT	VEHICLE	License Plate Number 364152F	Plate Type FRM - FARM	St WI	Country of Issuance UNITED STATES	
		Vehicle Identification Number 1C6SRFMT0NN447368	Make DODGE	Year 2022	Model RAM 1500	
		Color WHI - WHITE	Body Style PK - PICKUP		Bus Use	
		Initial Contact Point 05 - RIGHT REAR CORNER	Vehicle Damage			
		Extent Of Damage FUNCTIONAL DAMAGE	04 - RIGHT SIDE REAR, 05 - RIGHT REAR CORNER			



6TL09XQZ5L
23-06951

WISCONSIN MOTOR VEHICLE
CRASH REPORT

SAUK COUNTY SHERIFFS DEPARTMENT
1300 LANGE COURT
BARABOO, WI 53913
(608) 356-4895

UNIT	VEHICLE	Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR		
		What Driver Was Doing BACKING	Vehicle Factors		
		Driver Prior Action Other	NOT APPLICABLE		
		Driver Actions UNSAFE BACKING, LOOKED BUT DID NOT SEE			
01	01	Owner Name HARTUNG BROTHERS INC (608) 712-1766	Owner Address 708 HEARTLAND TRL # 2000 MADISON, WI 53717 , US		
		Sequence Of Events			
UNIT	VEHICLE	01 Event MOTOR VEH IN TRANSPORT			
		02 Event			
		03 Event			
		04 Event			
UNIT	VEHICLE	Policy Holder			
		Insurance Company STARNET-INS-CO	Individual RYAN FELTS		
UNIT	INDIVIDUAL	Individual			
		Driver RYAN FELTS (608) 574-6091	Citations Issued 0	Sex MALE	
			Date of Birth	Race WHITE	
		Address 364 OAK ST ARENA, WI 53503 , US	Driver License Number		
UNIT	INDIVIDUAL	Safety Equipment			
		On Duty Crash	Safety Equipment		
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT	
		Helmet Use	Helmet Compliance		
UNIT	INDIVIDUAL	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	
UNIT	INDIVIDUAL	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			

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					

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 4	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0		
		Insurance? YES	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 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 876DG	Plate Type LTK - LIGHT TRUCK	St NE	Country of Issuance UNITED STATES		
		Vehicle Identification Number 1GTG6DE36G1283029	Make GENERAL MOTORS COR	Year 2016	Model CANYON		
		Color BRZ - BRONZE	Body Style 4D - 4DR		Bus Use		
		Initial Contact Point 02 - RIGHT SIDE FRONT	Vehicle Damage 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE				
		Extent Of Damage DISABLING DAMAGE					
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By EVERETTS TOWING				

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT VEHICLE	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
	Owner Name LAGINA KOZAK (402) 910-2396		Owner Address 1721 14TH ST COLUMBUS, NE 68601 , US	
UNIT 02	Sequence Of Events			
	01	Event MOTOR VEH IN TRANSPORT		
	02	Event DITCH		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company TRUMBULL-INS-CO		Individual LAGINA KOZAK	
UNIT INDIVIDUAL	Individual			
	Driver LAGINA KOZAK (402) 910-2396		Citations Issued 0	Sex FEMALE
	Address 1721 14TH ST COLUMBUS, NE 68601 , US		Date of Birth	
			Race WHITE	
UNIT 002	On Duty Crash		Safety Equipment	
	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			
Non Motorist	Striking Unit #	Location		

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	Prior Action		
	Action		
	Action Other		To/From School
02	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 RAYMOND KOZAK (402) 910-2396	Citations Issued 0	Sex MALE
	Address 1721 14TH ST COLUMBUS, NE 68601 , US	Date of Birth	Race WHITE
	Driver License Number		
	Safety Equipment	On Duty Crash	Safety Equipment SHOULDER & LAP BELT
Row 01 - FRONT ROW	Seat Position 09 - RIGHT	Helmet Compliance	
Eye Protection	Tint Compliance		
02	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		
	Non Motorist	Striking Unit #	Location
	Prior Action		

UNIT	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		
	Individual		
	Passenger RAYA ALEXANDER (402) 853-3274	Citations Issued 0	Sex FEMALE
	Address 1853 18TH AVE COLUMBUS, NE 68601 , US	Date of Birth WHITE	
Driver License Number			
UNIT	Safety Equipment	On Duty Crash	Safety Equipment
	Row 02 - SECOND ROW	Seat Position 09 - RIGHT	SHOULDER & LAP BELT
	Helmet Use		Helmet Compliance
	Eye Protection		Tint Compliance
	Injury	Injury Severity POSSIBLE INJURY	Airbag NON DEPLOYED
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
	Medical Transport NOT TRANSPORTED		EMS Agency Identifier
	Hospital	Date of Death	Time of Death
	Distracted By	Distracted By Source	
	Distracted By Action		
Non Motorist	Striking Unit #	Location	
Prior Action			

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	INDIVIDUAL	Action			
		Action Other		To/From School	
02	004	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 GAVIN ALEXANDER (402) 853-3274	Citations Issued 0	Sex MALE	
		Address 1853 18TH AVE COLUMBUS, NE 68601 , US	Date of Birth	Race WHITE	
		Driver License Number			
		02	005	Safety Equipment	On Duty Crash
Row 02 - SECOND ROW	Seat Position 07 - LEFT			Helmet Use	
Helmet Use	Helmet Compliance			Eye Protection	
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				
Distracted By Action					
02	005	Non Motorist	Striking Unit #	Location	
		Prior Action			

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	INDIVIDUAL	Action				
		Action Other		To/From School		
	02	005	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			