

6TL0B655WM
23-08185

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 23-08185		Investigating Officer/Deputy DEPUTY W. NEUBAUER	
Crash Date 07/30/2023		Crash Time 02:45 PM		Date Arrived 07/30/2023		Time Arrived 03:16 PM	
Date Notified 07/30/2023		Time Notified 02:47 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"/> 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.

UNIT 1 WAS PARKED IN THE DRIVEWAY WAITING TO PULL OUT ON STH 60. UNIT 2 WAS TRAVELING W/B ON STH 60. UNIT 2 DRIVER FELL ASLEEP AND CROSSED THE CENTER LINE, RAN OFF THE ROADWAY TO THE RIGHT, ENTERED THE DITCH, STRUCK UNIT 1 AND CAME TO REST IN THE NORTH SIDE DITCH. UNIT 2 DRIVER CLAIMED MINOR LIGHTHEADEDNESS POST CRASH. TAKEN TO ST. CLARE VIA SQUAD FOR MED CLEARANCE FOR JAIL.

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Location

ON STH60 WB 0.39 MI W OF TROY VILLAGE RD IN THE TOWN OF TROY IN SAUK COUNTY	Latitude 43.197172261	Longitude -89.944584847
	X Coordinate 260753.828125	Y Coordinate 4786921
	Structure Type	

Crash Scene

First Harmful Event PARKED MOTOR VEHICLE	First Harmful Event Location ROADSIDE	
Manner of Collision 02 - FRONT TO FRONT	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	Unit Status LEGALLY PARKED	Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR	Operating As Endorsements			
	Total Occs 3	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel NOT ON ROADWAY	<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 CURVE RIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO				

UNIT	Vehicle			
	License Plate Number 533WUX	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 3FA6P0HD5LR227787	Make FORD	Year 2020	Model FUSION
	Color BLU - BLUE	Body Style SD - SEDAN		Bus Use
	Initial Contact Point 10 - LEFT SIDE FRONT	Vehicle Damage 01 - RIGHT FRONT CORNER, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT, 14 - UNDERCARRIAGE		
Extent Of Damage DISABLING DAMAGE				



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UNIT VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By EVERETTS TOWING	
	What Driver Was Doing LEGALLY PARKED		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
01 01	Owner Name CAROL SCHMIDT		Owner Address 210 S FRANKLIN ST LIVINGSTON, WI 53554 , US	
	Sequence Of Events			
01 02 03 04	Event PARKED MOTOR VEHICLE			
	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
UNIT	Policy Holder			
	Insurance Company RURAL-MUTUAL-INS-CO-(ATTN:-CLAIMS-DEPT)		Individual CAROL SCHMIDT	
UNIT INDIVIDUAL	Individual			
	Occupant Of Motor Vehicle Not In Transport CAROL SCHMIDT (608) 331-7245		Citations Issued 0	Sex FEMALE
	Address 210 S FRANKLIN ST LIVINGSTON, WI 53554 , US		Date of Birth	Race WHITE
	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES			
01 001	Safety Equipment		On Duty Crash	
	Row 02 - SECOND ROW		Seat Position 07 - LEFT	
	Helmet Use		Safety Equipment SHOULDER & LAP BELT	
	Eye Protection		Helmet Compliance	
	Tint Compliance		Airbag UNKNOWN	
	Injury		Injury Severity NO APPARENT INJURY	
Ejected UNKNOWN		Ejection Path UNKNOWN		
Trapped/Extricated UNKNOWN		Medical Transport NOT TRANSPORTED		
EMS Agency Identifier		EMS Run #		
Hospital		Date of Death		
Time of Death		Distracted By		
Distracted By Source		Distracted By Action		

WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT	Non Motorist		Striking Unit #	Location				
	Prior Action							
	Action							
	Action Other				To/From School			
01	001	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						
		Occupant Of Motor Vehicle Not In Transport NINA SCHMIDT (608) 391-2759			Citations Issued 0		Sex FEMALE	
		Address 1417 WISCONSIN AVE BOSCOBEL, WI 53805 , US			Date of Birth			Race WHITE
		Driver License Number			STATE: WISCONSIN COUNTRY: UNITED STATES			
		01	002	Safety Equipment		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 UNKNOWN		
Ejected UNKNOWN				Ejection Path UNKNOWN		Trapped/Extricated UNKNOWN		
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				

WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT INDIVIDUAL	Prior Action		
	Action		
	Action Other		To/From School
01 002	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 INDIVIDUAL	Individual		
	Occupant Of Motor Vehicle Not In Transport MATTHEW FRANCIS (715) 279-7884	Citations Issued 0	Sex MALE
	Date of Birth	Race	
	Address 1502 10TH ST E MENOMONIE, WI 54751 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
01 003	Safety Equipment	On Duty Crash	Safety Equipment
	Row 01 - FRONT ROW	Seat Position 09 - RIGHT	NONE USED - VEHICLE OCCUPANT
	Helmet Use		Helmet Compliance
	Eye Protection		Tint Compliance
	Injury	Injury Severity NO APPARENT INJURY	Airbag UNKNOWN
Ejected UNKNOWN	Ejection Path UNKNOWN	Trapped/Extricated UNKNOWN	
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			

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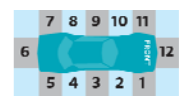
SAUK COUNTY SHERIFFS DEPARTMENT
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UNIT	INDIVIDUAL	Action	
		Action Other	
01	003	Suspected Alcohol Use NO	
		Suspected Drug Use NO	
		Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type
		Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN	Drug Test 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 AUTOMOBILE
		Vehicle Type (SPORT) UTILITY VEHICLE		Operating As Endorsements
		Total Occs 2	Train/Bus # Recorded	Total # Citations Issued 0
		Insurance? YES	Direction Of Travel WESTBOUND	Total Trailers 0
			<input type="checkbox"/> Pre Crash Tire Mark	Total HazMat Types 0
		Speed Limit 55	Total Lanes 2	
		Most Harmful Event: Collision With PARKED MOTOR VEHICLE	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 LEVEL
		Truck Bus or HazMat NO		

UNIT	02	Vehicle			
		License Plate Number ANN4087	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 1C4NJRBB7FD240492	Make JEEP	Year 2015	
		Color BLU - BLUE	Body Style UT - SPORT UTILITY VEHICLE	Model PATRIOT	
		Initial Contact Point 12 - FRONT	Vehicle Damage		
		Extent Of Damage DISABLING DAMAGE	01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT, 14 - UNDERCARRIAGE		
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By EVERETTS TOWING		
		What Driver Was Doing NEGOTIATING CURVE			



WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT VEHICLE	Driver Prior Action Other		Vehicle Factors		
			NOT APPLICABLE		
	Driver Actions OTHER CONTRIBUTING ACTION				
02	Owner Name ANNA HODGES (608) 448-7045		Owner Address S12024 HILTON DR SPRING GREEN, WI 53588 , US		
	Sequence Of Events				
01 02 03 04	Event CROSS CENTERLINE				
	Event RUN OFF ROADWAY RIGHT				
	Event DITCH				
	Event PARKED MOTOR VEHICLE				
UNIT	Policy Holder				
	Insurance Company PROGRESSIVE-CASUALTY-INS-CO		Individual ANNA HODGES		
UNIT INDIVIDUAL	Individual				
	Driver ANNA HODGES (608) 448-7045		Citations Issued 0	Sex FEMALE	
	Address S12024 HILTON DR SPRING GREEN, WI 53588 , US		Date of Birth	Race WHITE	
			Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
02	Safety Equipment		On Duty Crash		
			Safety Equipment		
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT		
	Helmet Use		Helmet Compliance		
	Eye Protection		Tint Compliance		
	004	Injury		Airbag	
		Injury Severity SUSPECTED MINOR INJURY		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 UNKNOWN			
Distracted By Action UNKNOWN					
Non Motorist		Striking Unit #			
		Location			

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UNIT	INDIVIDUAL	Prior Action			
		Action			
02	004	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 CORY WILLARD (608) 583-2482	Citations Issued 0	Sex MALE	
			Date of Birth	Race WHITE	
		Address 610 E. HOWARD APT 5 PORTAGE, WI 53901 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
UNIT	INDIVIDUAL	Safety Equipment	On Duty Crash	Safety Equipment	
		Row 01 - FRONT ROW	Seat Position 09 - RIGHT	SHOULDER & LAP BELT	
		Helmet Use		Helmet Compliance	
		Eye Protection		Tint Compliance	
		Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED	
02	005	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED	
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier	
		Hospital		EMS Run #	
				Date of Death	
				Time of Death	
UNIT	INDIVIDUAL	Distracted By	Distracted By Source		
		Distracted By Action			
		Non Motorist	Striking Unit #	Location	
Prior Action					

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UNIT	INDIVIDUAL	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					
		NOT OBSERVED					
		02	005				