

6TL0B655WP  
23-08485

# 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>23-08485</b>	Investigating Officer/Deputy <b>DEPUTY W. NEUBAUER</b>	
Crash Date <b>08/06/2023</b>		Crash Time <b>03:00 PM</b>	Date Arrived <b>08/06/2023</b>	Time Arrived <b>03:24 PM</b>	
Date Notified <b>08/06/2023</b>		Time Notified <b>03:02 PM</b>	Total Units <b>02</b>	Total Injured <b>03</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

<p>Diagram</p>	<p>Reconstruction By</p> <hr/> <p>Photos By</p> <hr/> <p>Additional Information <b>NONE</b></p>
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I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

UNIT 1 AND UNIT 2 WERE TRAVELING W/B ON USH 14. UNIT 2 SLOWED TO TURN LEFT INTO THE PECKS MARKET. UNIT 1 DRIVER DID NOT OBSERVE UNIT 2 SLOWING DOWN TO TURN. UNIT 1 STRUCK UNIT 2 FRONT TO REAR. UNIT 2 LEFT THE ROADWAY TO THE LEFT/SOUTH AND ENTERED THE DITCH. UNIT 1 HAD 2 OCCUPANTS WHO HAD SUSPECTED MINOR INJURIES, UNIT 2 HAD 1 OCCUPANT AND HAD ONLY A SUSPECTED MINOR INJURY

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Location

ON USH14 WB 0.54 MI W OF DONALD RD IN THE TOWN OF SPRING GREEN IN SAUK COUNTY	Latitude <b>43.190781048</b>	Longitude <b>-90.157253965</b>
	X Coordinate <b>243446.671875</b>	Y Coordinate <b>4786841.5</b>
	Structure Type	

Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>		First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>03 - FRONT TO REAR</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>CLOUDY</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 VAN</b>				Operating As Endorsements	
	Total Occs <b>2</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>					

<b>UNIT</b>	<b>Vehicle</b>						
	<b>VEHICLE</b>	License Plate Number <b>AVEMRA</b>		Plate Type <b>FFO - FIRE FIGHTER RED</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
		Vehicle Identification Number <b>2C4RDGBG9GR218257</b>		Make <b>DODGE</b>	Year <b>2016</b>	Model <b>GRAND CARA</b>	
		Color <b>RED - RED</b>		Body Style <b>VN - VAN</b>		Bus Use	
		Initial Contact Point <b>12 - FRONT</b>		Vehicle Damage <b>01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT</b>			
Extent Of Damage <b>DISABLING DAMAGE</b>							



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UNIT VEHICLE	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By	
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER, LOOKED BUT DID NOT SEE</b>			
01	Owner Name <b>VALERIE BALLWEG (608) 717-7137</b>		Owner Address <b>W13340 STATE ROAD 60 PRAIRIE DU SAC, WI 53578 , US</b>	
	<b>Sequence Of Events</b>			
01	01	Event <b>MOTOR VEH IN TRANSPORT</b>		
	02	Event		
	03	Event		
	04	Event		
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>MT-MORRIS-MUTUAL-INS-CO</b>		Individual <b>VALERIE BALLWEG</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>SIMEON EBERLE (608) 717-7137</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
	Address <b>W13340 STATE ROAD 60 PRAIRIE DU SAC, WI 53578 , US</b>		Date of Birth	Race
	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
01	<b>Safety Equipment</b>		On Duty Crash	
	Row <b>01 - FRONT ROW</b>		Seat Position <b>07 - LEFT</b>	
	Helmet Use		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
	Eye Protection		Helmet Compliance	
	Tint Compliance		Airbag <b>DEPLOYED-FRONT</b>	
	<b>Injury</b>		Injury Severity <b>SUSPECTED MINOR INJURY</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		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>		
<b>Distracted By</b>				
Distracted By Action <b>NOT DISTRACTED</b>				

WISCONSIN MOTOR VEHICLE CRASH REPORT

Form containing sections: Non Motorist, Drug & Alcohol, Individual, Safety Equipment, Injury, Distracted By, and another Non Motorist section. Includes fields for Striking Unit #, Location, Action, Suspected Alcohol/Drug Use, Test Results, Individual Information (Name, Address, License), and Injury Severity.

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UNIT	INDIVIDUAL	Prior Action				
		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>			

**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 Crash Tire 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	VEHICLE	02	02	License Plate Number <b>ANG9359</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
				Vehicle Identification Number <b>2G1WG5E33C1325961</b>	Make <b>CHEVROLET</b>	Year <b>2012</b>	Model <b>IMPALA</b>
				Color <b>TAN - TAN</b>	Body Style <b>SD - SEDAN</b>		Bus Use
				Initial Contact Point <b>06 - REAR</b>	Vehicle Damage		
				Extent Of Damage <b>DISABLING DAMAGE</b>	<b>04 - RIGHT SIDE REAR, 05 - RIGHT REAR CORNER, 06 - REAR, 07 - LEFT REAR CORNER, 08 - LEFT SIDE REAR</b>		
				Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	Vehicle Removed By		
				What Driver Was Doing <b>LEFT TURN</b>			



# WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT VEHICLE	Vehicle Factors	
	Driver Prior Action Other	NOT APPLICABLE
	Driver Actions NO CONTRIBUTING ACTION	
02	Owner Name JOSIAH ARRINGTON (608) 537-2808	Owner Address 913 EXCHANGE ST BLUE RIVER, WI 53518 , US
	<b>Sequence Of Events</b>	
01	Event MOTOR VEH IN TRANSPORT	
	Event RUN OFF ROADWAY LEFT	
	Event DITCH	
	Event	
UNIT	<b>Policy Holder</b>	
	Insurance Company PROGRESSIVE-CASUALTY-INS-CO	Individual JOSIAH ARRINGTON
UNIT INDIVIDUAL	<b>Individual</b>	
	Driver JOSIAH ARRINGTON (608) 537-2808	Citations Issued 0 Sex MALE
	Date of Birth	Race WHITE
02	Address 913 EXCHANGE ST BLUE RIVER, WI 53518 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES
	<b>Safety Equipment</b>	On Duty Crash
003	Safety Equipment SHOULDER & LAP BELT	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT
	Helmet Use	
	Helmet Compliance	
	Eye Protection	
Tint Compliance		
003	<b>Injury</b>	Injury Severity SUSPECTED MINOR 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		
<b>Distracted By</b>		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)
Distracted By Action NOT DISTRACTED		
Non Motorist	Striking Unit #	Location

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UNIT INDIVIDUAL          02 003	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>		