

6TL0D7W168

23-08486

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 23-08486	Investigating Officer/Deputy DEPUTY K. MUELLER	
Crash Date 08/06/2023		Crash Time 99:99	Date Arrived 08/06/2023	Time Arrived 05:02 PM	
Date Notified 08/06/2023		Time Notified 05:02 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
<input checked="" type="checkbox"/> I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.	
UNIT 2 WAS SLOWING FOR TRAFFIC TO TURN AND WAS STRUCK IN THE REAR BY UNIT 1.	

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Location

ON PRAIRIE VIEW RD/ STH23 EB 179 FT S OF CTHG NB IN THE TOWN OF SPRING GREEN IN SAUK COUNTY	Latitude 43.192780061	Longitude -90.073830587
	X Coordinate 250234.109375	Y Coordinate 4786811
	Structure Type	

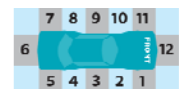
Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 03 - FRONT TO REAR	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 IN TRANSIT	Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type (SPORT) UTILITY VEHICLE	Operating As Endorsements			
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 3	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel NORTHBOUND	<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 AHC8109	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 1C4NJDBB3ED880328	Make JEEP	Year 2014	Model COMPASS
		Color GRY - GRAY	Body Style UT - SPORT UTILITY VEHICLE		Bus Use
		Initial Contact Point 12 - FRONT	Vehicle Damage 01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT		
		Extent Of Damage DISABLING DAMAGE			



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UNIT VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By NACHREINER TOWING	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions FOLLOWING TOO CLOSE, OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER			
01	Owner Name CLAUDETTE BEHLING (608) 459-0005		Owner Address 6829 HWY 14 LOT 1 ARENA, WI 53503 , US	
	Sequence Of Events			
01	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company ERIE-INS-CO		Individual CLAUDETTE BEHLING	
UNIT INDIVIDUAL	Individual			
	Driver CLAUDETTE BEHLING (608) 459-0005		Citations Issued 3	Sex FEMALE
	Address 6829 HWY 14 LOT 1 ARENA, WI 53503 , US		Date of Birth	Race WHITE
			Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
01	Safety Equipment		On Duty Crash	
	Row 01 - FRONT ROW		Seat Position 07 - LEFT	Safety Equipment SHOULDER & LAP BELT
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	Injury		Injury Severity POSSIBLE INJURY	Airbag DEPLOYED-FRONT
	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				

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UNIT INDIVIDUAL 01 001
Non Motorist Striking Unit # Location
Prior Action
Action
Action Other To/From School
Drug & Alcohol Suspected Alcohol Use YES Suspected Drug Use NO
Alcohol Test Given TEST GIVEN Alcohol Test Type BLOOD Alcohol Test Results PENDING
Drug Test Given TEST GIVEN Drug Test Type BLOOD Drug Test Results PENDING
Drug Type
Individual Condition
UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ ALCOHOL
Violations
01 01 UTC Number BG111449 Issue To? 001 Statute Number 346.63(1)(a) Description OPERATING WHILE UNDER THE INFLUENCE
02 02 UTC Number BG111450 Issue To? 001 Statute Number 346.935(2) Description POSSESS OPEN INTOXICANTS IN MV-DRIVER
03 03 UTC Number BG111451 Issue To? 001 Statute Number 346.89(1) Description INATTENTIVE DRIVING

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 Total Trailers 0 Total HazMat Types 0
Insurance? YES Direction Of Travel NORTHBOUND 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

Vehicle

UNIT 02 02
License Plate Number ANM5990 Plate Type AUT - AUTOMOBILE St WI Country of Issuance UNITED STATES
Vehicle Identification Number 1C4NJPBA9CD722887 Make JEEP Year 2012 Model PATRIOT

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UNIT VEHICLE	Color SIL - SILVER (ALUMINUM)	Body Style UT - SPORT UTILITY VEHICLE	Bus Use
	Initial Contact Point 06 - REAR	Vehicle Damage 05 - RIGHT REAR CORNER, 06 - REAR	
	Extent Of Damage MINOR DAMAGE		
	Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR	
	What Driver Was Doing SLOW/STOPPING	Vehicle Factors NOT APPLICABLE	
UNIT VEHICLE	Driver Prior Action Other		
	Driver Actions NO CONTRIBUTING ACTION		
	Owner Name SCOTT MC REYNOLDS (949) 290-9998	Owner Address 315 W DOTY ST # 3 MADISON, WI 53703 , US	
Sequence Of Events			
UNIT 02 02	01 Event MOTOR VEH IN TRANSPORT		
	02 Event		
	03 Event		
	04 Event		
UNIT	Policy Holder		
	Insurance Company GEICO-GENERAL-INS-CO	Individual SCOTT MC REYNOLDS	
UNIT INDIVIDUAL	Individual		
	Driver SCOTT MC REYNOLDS (949) 290-9998	Citations Issued 0	Sex MALE
		Date of Birth	Race WHITE
	Address 315 W DOTY ST # 3 MADISON, WI 53703 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
UNIT 02 002	Safety Equipment		On Duty Crash
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	Safety Equipment 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 #

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UNIT INDIVIDUAL	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	
	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	
02 002	Drug Type					
	Individual Condition APPEARED NORMAL					
	Individual					
	Passenger MARLEE GROSS (920) 324-6762			Citations Issued 0	Sex FEMALE	
	Address 709 LAMONT LN MADISON, WI 53716 , US			Date of Birth	Race WHITE	
	Driver License Number			STATE: WISCONSIN COUNTRY: UNITED STATES		
	Safety Equipment		On Duty Crash		Safety Equipment SHOULDER & LAP BELT	
	Row 01 - FRONT ROW	Seat Position 09 - RIGHT				
	Helmet Use			Helmet Compliance		
	Eye Protection			Tint Compliance		
02 003	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	

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UNIT	Distracted By		Distracted By Source		
	Distracted By Action				
	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				