

6TL0CBQ6S3

23-08677

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 23-08677	Investigating Officer/Deputy DEPUTY A. JAHNKE	
Crash Date 08/11/2023		Crash Time 05:15 PM	Date Arrived 08/11/2023	Time Arrived 05:27 PM	
Date Notified 08/11/2023		Time Notified 05:20 PM	Total Units 03	Total Injured 02	Total Killed 00
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input checked="" 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 <p>Not to Scale</p> <p>Birchwood Dr</p> <p>CTY TK P</p> <p>01 02 03</p>	Reconstruction By
	Photos By LAKE DELTON POLICE DEPARTMENT
	Additional Information PHOTOS

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

UNIT 1 TRAVELING EASTBOUND ON CTY TK P NEAR BIRCHWOOD DR. UNIT 2 AND UNIT 3 STOPPED EASTBOUND ON CTY TK P AT BIRCHWOOD DR WITH LEFT TURN SIGNAL ON. UNIT 1 ADMITTED TO BEING INATTENTIVE DURING DRIVING. UNIT 1 THEN STATED LEFT TURN SIGNALS WERE OBSERVED FROM THE VEHICLES BUT NO STOPPING LIGHTS. UNIT 1 COLLIDED INTO THE REAR OF UNIT 2. UNIT 2 THEN WAS PUSHED FORWARD AND COLLIDED INTO THE REAR OF UNIT 3. ALL VEHICLES SUSTAINED HEAVY DAMAGE AND WERE REMOVED FROM SCENE BY PLATT'S TOWING.

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Location

Table with 3 columns: Address (ON CTHP EB, 130 FT W OF BIRCHWOOD RD, IN THE TOWN OF DELTON, IN SAUK COUNTY), Latitude (43.590394114), Longitude (-89.819117106), X Coordinate (272426), Y Coordinate (4830242.5), Structure Type (NO STRUCTURE)

Crash Scene

Table with 2 main columns: Event/Condition (MOTOR VEH IN TRANSPORT, Manner of Collision: 03 - FRONT TO REAR, Road Surface: DRY, Environment: NONE, Weather: CLOUDY, Animal Type, Crash Classification: PUBLIC PROPERTY, etc.) and Location/Details (ON ROADWAY, DAYLIGHT, NONE, TRAFFICWAY - ON ROAD, NO SPECIAL JURISDICTION, etc.)

Unit Summary


Table with 2 main columns: Unit 01 (Unit Status: IN TRANSIT, Vehicle Type: PASSENGER CAR, etc.) and Vehicle 01 (License Plate: ARY4315, Make: FORD, Model: FOCUS, etc.)

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UNIT VEHICLE	Color BLK - BLACK	Body Style SD - SEDAN	Bus Use	
	Initial Contact Point 12 - FRONT	Vehicle Damage 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT		
	Extent Of Damage DISABLING DAMAGE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By PLATTS WRECKER	
	What Driver Was Doing GOING STRAIGHT	Driver Prior Action Other	Vehicle Factors NOT APPLICABLE	
	Driver Actions OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER	Owner Name DONNA MICHAEL (608) 432-8575	Owner Address S1310A LYNDON RD WISCONSIN DELLS, WI 53965 , US	
UNIT VEHICLE	Sequence Of Events			
	01	Event MOTOR VEH IN TRANSPORT		
	02	Event MOTOR VEH IN TRANSPORT		
	03	Event		
UNIT	Policy Holder			
	Insurance Company WISCONSIN-MUTUAL-INS-CO	Individual DONNA MICHAEL		
UNIT INDIVIDUAL	Individual			
	Driver KAREN MICHAEL-DUVALL (608) 350-6489	Citations Issued 1	Sex FEMALE	
	Address S1310A LYNDON RD WISCONSIN DELLS, WI 53965 , US	Date of Birth	Race WHITE	
UNIT INDIVIDUAL	Address S1310A LYNDON RD WISCONSIN DELLS, WI 53965 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
	Safety Equipment	On Duty Crash	Safety Equipment SHOULDER & LAP BELT	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	Helmet Compliance	
	Helmet Use	Tint Compliance		
	Eye Protection	Airbag DEPLOYED-COMBINATION		
	Injury	Injury Severity SUSPECTED SERIOUS INJUR	Ejection Path NOT EJECTED/NOT APPLICABLE	
	Ejected NOT EJECTED	Trapped/Extricated NOT TRAPPED		
Medical Transport EMS GROUND	EMS Agency Identifier 6000123	EMS Run # 804		

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Form containing fields for Hospital (REEDSBURG AREA MED CTR), Date of Death, Time of Death, Distracted By (EXTERNAL), Action (OTHER ACTION), Striking Unit #, Location, Prior Action, Action, Action Other, To/From School, 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), and Violations (INATTENTIVE DRIVING).

Unit Summary

Unit Summary form with fields for Unit Status (IN TRANSIT), Vehicle Operating As Classification (D CLASS), Unit Type (AUTOMOBILE), Vehicle Type (PASSENGER CAR), Total Occs (1), Total # Citations Issued (0), Total Trailers (0), Total HazMat Types (0), Insurance? (YES), Direction Of Travel (EASTBOUND), Pre Crash Tire Mark (checkbox), 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), Surface Type (BLACKTOP (BITUMINOUS)), Road Curvature (STRAIGHT), Road Grade (LEVEL), and Truck Bus or HazMat (NO).

Vehicle information section with fields for License Plate Number (615TYX), Plate Type (AUT - AUTOMOBILE), St (WI), and Country of Issuance (UNITED STATES).


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02 UNIT VEHICLE	Vehicle Identification Number 3C3AY75S45T265793		Make CHRYSLER	Year 2005	Model PT CRUISER
	Color BLU - BLUE		Body Style CV - CONVERTIBLE		Bus Use
	Initial Contact Point 06 - REAR		Vehicle Damage 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 04 - RIGHT SIDE REAR, 05 - RIGHT REAR CORNER, 06 - REAR, 07 - LEFT REAR CORNER, 08 -		
	Extent Of Damage DISABLING DAMAGE				
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE				
	What Driver Was Doing LEFT TURN		Vehicle Factors		
	Driver Prior Action Other		NOT APPLICABLE		
02 UNIT VEHICLE	Driver Actions NO CONTRIBUTING ACTION				
	Owner Name KENNETH KEENE (608) 630-1471		Owner Address 143 SANDSTONE DR #11 WISCONSIN DELLS, WI 53965 , US		
Sequence Of Events					
02 UNIT VEHICLE	01	Event MOTOR VEH IN TRANSPORT			
	02	Event MOTOR VEH IN TRANSPORT			
	03	Event			
	04	Event			
02 UNIT VEHICLE	Policy Holder				
	Insurance Company WISCONSIN-MUTUAL-INS-CO		Individual KENNETH KEENE		
02 UNIT INDIVIDUAL	Individual				
	Driver KENNETH KEENE (608) 630-1471		Citations Issued 0	Sex MALE	
			Date of Birth	Race WHITE	
	Address 143 SANDSTONE DR #11 WISCONSIN DELLS, WI 53965 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
02 UNIT INDIVIDUAL	Safety Equipment		On Duty Crash		
			Safety Equipment SHOULDER & LAP BELT		
	Row 01 - FRONT ROW	Seat Position 07 - LEFT			
	Helmet Use		Helmet Compliance		
	Eye Protection		Tint Compliance		
02 UNIT INDIVIDUAL	Injury		Injury Severity SUSPECTED MINOR INJURY		Airbag NON DEPLOYED
	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED

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UNIT 02 002 INDIVIDUAL
Medical Transport EMS GROUND EMS Agency Identifier 6000123 EMS Run # 807
Hospital ST CLARE HOSP Date of Death Time of Death
Distracted By 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
Drug Type
Individual Condition APPEARED NORMAL

Unit Summary

UNIT 03 INDIVIDUAL
Unit Status IN TRANSIT 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 EASTBOUND 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 03 003
License Plate Number 417MSG Plate Type AUT - AUTOMOBILE St WI Country of Issuance UNITED STATES
Vehicle Identification Number JTEGH20V410033031 Make TOYOTA Year 2001 Model RAV4

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UNIT VEHICLE	Color BLK - BLACK	Body Style UT - SPORT UTILITY VEHICLE	Bus Use	
	Initial Contact Point 06 - REAR	Vehicle Damage 04 - RIGHT SIDE REAR, 05 - RIGHT REAR CORNER, 06 - REAR, 07 - LEFT REAR CORNER, 08 - LEFT SIDE REAR		
	Extent Of Damage DISABLING DAMAGE			
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE			Vehicle Removed By PLATTS WRECKER
	What Driver Was Doing LEFT TURN			Vehicle Factors NOT APPLICABLE
Driver Prior Action Other				
UNIT VEHICLE	Driver Actions NO CONTRIBUTING ACTION			
	Owner Name SHERRI KEENE (608) 215-5183	Owner Address 143 SANDSTONE DR WISCONSIN DELLS, WI 53965 , US		
UNIT 03	Sequence Of Events			
	Event 01 OTHER NON-COLLISION			
	Event 02			
	Event 03			
	Event 04			
UNIT 03	Policy Holder			
	Insurance Company WISCONSIN-MUTUAL-INS-CO	Individual SHERRI KEENE		
UNIT INDIVIDUAL	Individual			
	Driver SHERRI KEENE (608) 215-5183	Citations Issued 0	Sex FEMALE	
		Date of Birth	Race WHITE	
	Address 143 SANDSTONE DR WISCONSIN DELLS, WI 53965 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
UNIT 003	Safety Equipment			
	On Duty Crash		Safety Equipment SHOULDER & LAP BELT	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT		
	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	
03 003 UNIT INDIVIDUAL	Drug Type					
	Individual Condition APPEARED NORMAL					
	Individual					
	Passenger AILA MUSAITEF			Citations Issued 0	Sex FEMALE	
				Date of Birth	Race WHITE	
	Address 13 OLD BUCK COURT BARABOO, WI 53913 , US			Driver License Number		
	Safety Equipment		On Duty Crash		Safety Equipment	
	Row 02 - SECOND ROW		Seat Position 07 - LEFT		CHILD RESTRAINT SYSTEM - FORWARD FACING	
	Helmet Use			Helmet Compliance		
	Eye Protection			Tint Compliance		
03 004 UNIT INDIVIDUAL	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	INDIVIDUAL	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		
03	004	Individual Condition APPEARED NORMAL		
		Individual		
		Passenger MAYA MUSAITEF	Citations Issued 0 Sex FEMALE	
			Date of Birth Race WHITE	
		Address 13 OLD BUCK COURT BARABOO, WI 53913 , US	Driver License Number	
		Safety Equipment	On Duty Crash Safety Equipment CHILD RESTRAINT SYSTEM - FORWARD FACING	
		Row 02 - SECOND ROW	Seat Position 09 - RIGHT	
		Helmet Use	Helmet Compliance	
		Eye Protection	Tint Compliance	
		03	005	Injury
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			

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UNIT	Distracted By Action				
	Non Motorist	Striking Unit #	Location		
		Prior Action			
	INDIVIDUAL	Action			
		Action Other		To/From School	
		Drug & Alcohol	Suspected Alcohol Use	Suspected Drug Use	
			NO	NO	
			Alcohol Test Given	Alcohol Test Type	Alcohol Test Results
	TEST NOT GIVEN				
	Drug Test Given	Drug Test Type	Drug Test Results		
TEST NOT GIVEN					
03	005	Drug Type			
		Individual Condition			
		APPEARED NORMAL			