

6TL0C22XZC
23-09579

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 23-09579	Investigating Officer/Deputy DEPUTY A. WILCOX	
Crash Date 09/01/2023		Crash Time 06:45 PM	Date Arrived 09/01/2023	Time Arrived 07:11 PM	
Date Notified 09/01/2023		Time Notified 06:56 PM	Total Units 02	Total Injured 00	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
		<p>Photos By A. WILCOX</p> <p>Additional Information PHOTOS</p>

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

ON 09/01/2023, I WAS DISPATCHED TO THE AREA OF CTH Q AND CTH Y IN THE TOWN OF WOODLAND FOR A TWO-VEHICLE TRAFFIC ACCIDENT WITH NO INJURIES OR ROAD BLOCKAGE. UPON MY ARRIVAL, I OBSERVED BOTH UNITS ON THE SIDE OF THE ROAD AND ALL OCCUPANTS OUTSIDE THE VEHICLES. UNIT 1 WAS TRAVELING W/B ON CTH Q WHEN UNIT 2, WHO WAS AT A STOP SIGN ON CTH Y, FAILED TO YIELD THE RIGHT AWAY AT STOP SIGN. UNIT 2 STRUCK UNIT 1 ON THE DRIVER'S SIDE, RESULTING IN UNIT 1'S DRIVER'S SIDE AIRBAG TO DEPLOY. BOTH UNIT 1 AND UNIT 2 OPERATORS BELIEVED THE SUN GLARE CAUSED THE ACCIDENT. UNIT 1 AND UNIT 2 WERE REMOVED BY THE OPERATORS.

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Location

ON CTHY SB 23 FT N OF CTHQ EB IN THE TOWN OF WOODLAND IN SAUK COUNTY	Latitude 43.593821648	Longitude -90.301140549
	X Coordinate 233527.6875	Y Coordinate 4832057.5
	Structure Type NO STRUCTURE	

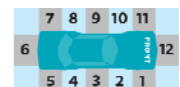
Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 01 - ANGLE	Light Condition DAYLIGHT	
Road Surface Condition(s) DRY	Roadway Factor(s) NONE	
Environment Factor(s) GLARE		
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 INTERSECTION	Intersection Type FOUR-WAY INTERSECTION

Unit Summary

01 UNIT	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 1	Total Trailers 0	Total HazMat Types 0
	Insurance? NO	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre CrashTire 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				

01 UNIT VEHICLE	Vehicle			
	License Plate Number AUR2717	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 3VW2K7AJ7CM328274	Make VOLKSWAGEN	Year 2012	Model JETTA
	Color SIL - SILVER (ALUMINUM)	Body Style SD - SEDAN	Bus Use	
	Initial Contact Point 09 - LEFT SIDE MIDDLE	Vehicle Damage 07 - LEFT REAR CORNER, 08 - LEFT SIDE REAR, 09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT		



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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
01 01	Owner Name JOEL RODRIGUEZ (608) 235-0562		Owner Address 6833 ROCKSTREAM DR MADISON, WI 53719 , US	
	Sequence Of Events			
01 02 03 04	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
UNIT INDIVIDUAL	Individual			
	Driver JOEL RODRIGUEZ (608) 235-0562		Citations Issued 1	Sex MALE
	Address 15622 MAIN STREET RICHLAND CENTER, WI 53581 , US		Date of Birth	Race WHITE
			Driver License Number	STATE: WISCONSIN COUNTRY: UNITED STATES
01 001	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 DEPLOYED-SIDE	
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	INDIVIDUAL	Prior Action		
		Action		
01	001	Action Other		To/From School
		Drug & Alcohol	Suspected Alcohol Use NO	Suspected Drug Use NO
01	001	Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	Alcohol Test Results
		Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Results
01	001	Drug Type		
		Individual Condition APPEARED NORMAL		
UNIT	INDIVIDUAL	Individual		
		Passenger JASMINE HINKO (608) 960-2248	Citations Issued 0	Sex FEMALE
01	002	Date of Birth	Race WHITE	
		Address 15622 MAIN STREET RICHLAND CENTER, WI 53581 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
01	002	Safety Equipment	On Duty Crash	Safety Equipment
		Row 01 - FRONT ROW	Seat Position 09 - RIGHT	SHOULDER & LAP BELT
01	002	Helmet Use		Helmet Compliance
		Eye Protection		Tint Compliance
01	002	Injury	Injury Severity NO APPARENT INJURY	Airbag DEPLOYED-SIDE
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
01	002	Medical Transport NOT TRANSPORTED		EMS Agency Identifier
		Hospital		EMS Run #
01	002	Date of Death		Time of Death
		Distracted By Distracted By Source		
01	002	Distracted By Action		
		Non Motorist	Striking Unit #	Location
01	002	Prior Action		

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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 APPEARED NORMAL				
		Individual				
		Passenger ZAVIANO V RODRIGUEZ	Citations Issued 0	Sex MALE		
			Date of Birth	Race WHITE		
Address 15622 MAIN STREET RICHLAND CENTER, WI 53581 , US	Driver License Number					
UNIT	INDIVIDUAL	Safety Equipment	On Duty Crash	Safety Equipment CHILD RESTRAINT SYSTEM - REAR FACING		
		Row 02 - SECOND ROW	Seat Position 07 - LEFT			
		Helmet Use		Helmet Compliance		
		Eye Protection		Tint Compliance		
		Injury	Injury Severity NO APPARENT INJURY	Airbag DEPLOYED-SIDE		
		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						

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UNIT	INDIVIDUAL	Action			
		Action Other			To/From School
01	003	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			
01	001	Violations			
		UTC Number BC936575	Issue To? 001	Statute Number 344.62(1)	Description OPERATE MOTOR VEHICLE W/O INSURANCE

Unit Summary

UNIT	02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE			
		Vehicle Type PASSENGER VAN				Operating As Endorsements			
UNIT	02	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 1	Total Trailers 0	Total HazMat Types 0			
		Insurance? YES	Direction Of Travel SOUTHBOUND	<input type="checkbox"/> Pre CrashTire 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	02	Vehicle						
		License Plate Number 250PHG		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES		
		Vehicle Identification Number 1GNEL19X13B120067		Make CHEVROLET	Year 2003	Model ASTRO		
		Color BRO - BROWN		Body Style VN - VAN		Bus Use		
		Initial Contact Point 12 - FRONT		Vehicle Damage 01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT				
		Extent Of Damage FUNCTIONAL DAMAGE		Vehicle Removed By OPERATOR				
Towed Due To Damage NOT TOWED								

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UNIT VEHICLE	What Driver Was Doing GOING STRAIGHT		Vehicle Factors		
	Driver Prior Action Other		NOT APPLICABLE		
	Driver Actions LOOKED BUT DID NOT SEE				
	Owner Name JANICE MARY KNAUS (608) 495-0953		Owner Address S1627 STANEK RD WONEWOC, WI 53968 , US		
UNIT 02	Sequence Of Events				
	01	Event MOTOR VEH IN TRANSPORT			
	02	Event			
	03	Event			
	04	Event			
UNIT	Policy Holder				
	Insurance Company RURAL-MUTUAL-INS-CO-(ATTN:-CLAIMS-DEPT)		Individual JANICE KNAUS		
	Individual				
UNIT INDIVIDUAL	Driver JANICE KNAUS (608) 495-0953		Citations Issued 1	Sex FEMALE	
	Address S1627 STANEK RD WONEWOC, WI 53968 , US		Date of Birth	Race WHITE	
			Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
UNIT 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		
	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			

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UNIT INDIVIDUAL	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			
	Violations			
	UTC Number BC936576	Issue To? 004	Statute Number 346.18(3)	Description FAIL/YIELD RIGHT/WAY FROM STOP SIGN