

6TL0CBQ6S5  
23-10370

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>23-10370</b>	Investigating Officer/Deputy <b>DEPUTY A. JAHNKE</b>	
Crash Date <b>09/22/2023</b>		Crash Time <b>04:40 PM</b>	Date Arrived <b>09/22/2023</b>	Time Arrived <b>05:23 PM</b>	
Date Notified <b>09/22/2023</b>		Time Notified <b>04:46 PM</b>	Total Units <b>02</b>	Total Injured <b>00</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>Not to Scale</p> <p>CTY TK T</p> <p>City View Rd</p>	Reconstruction By
	Photos By <b>DEPUTY A. JAHNKE #9182</b>
	Additional Information <b>PHOTOS</b>

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

UNIT 1 TRAVELING SOUTHBOUND ON CTY TK T AT CITY VIEW RD. UNIT 2 STOPPED AT STOP SIGN WESTBOUND ON CITY VIEW RD. OPERATOR OF UNIT 2 PERCEIVED THE INTERSECTION TO BE A 4-WAY STOP. UNIT 2 PROCEEDED INTO THE INTERSECTION COLLIDING WITH THE PASSENGER REAR END OF UNIT 1. UNIT 1 SUSTAINED FUNCTIONAL DAMAGE AND REMOVED FROM SCENE BY OWNER/OPERATOR. OPERATOR OF UNIT 2 DID NOT BELIEVE THERE TO HAVE BEEN A COLLISION AND CONTINUED TO HIS RESIDENCE. OPERATOR OF UNIT 2 THEN OBSERVED FUNCTIONAL FRONT END DAMAGE TO VEHICLE.

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## Location

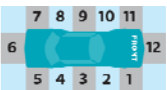
ON CITY VIEW RD 108 FT W OF CHTH SB IN THE TOWN OF BARABOO IN SAUK COUNTY	Latitude <b>43.48915094</b>	Longitude <b>-89.719161158</b>
	X Coordinate <b>280127.40625</b>	Y Coordinate <b>4818728.5</b>
	Structure Type <b>NO STRUCTURE</b>	

## Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>01 - ANGLE</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>INTERSECTION</b>	Intersection Type <b>FOUR-WAY INTERSECTION</b>

## Unit Summary

UNIT 01	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>SOUTHBOUND</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>				

UNIT 01 VEHICLE	<b>Vehicle</b>			
	License Plate Number <b>APM2412</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>2G1WG5E37D1232412</b>	Make <b>CHEVROLET</b>	Year <b>2013</b>	Model <b>IMPALA</b>
	Color <b>GRY - GRAY</b>	Body Style <b>SD - SEDAN</b>		Bus Use
	Initial Contact Point <b>04 - RIGHT SIDE REAR</b>	Vehicle Damage <b>04 - RIGHT SIDE REAR, 05 - RIGHT REAR CORNER</b>		
Extent Of Damage <b>FUNCTIONAL DAMAGE</b>				

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UNIT VEHICLE	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OWNER</b>	
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>NO CONTRIBUTING ACTION</b>			
01	Owner Name <b>SARITA MILLER (608) 963-2799</b>		Owner Address <b>E12361 FAIRFIELD RD BARABOO, WI 53913 , 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>PROGRESSIVE-CASUALTY-INS-CO</b>		Individual <b>SARITA MILLER</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>SARITA MILLER (608) 963-2799</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>
	Address <b>E12361 FAIRFIELD RD BARABOO, WI 53913 , US</b>		Date of Birth	Race <b>WHITE</b>
	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
01	<b>Safety Equipment</b>		On Duty Crash	
	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>			
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>		
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</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
<b>Distracted By</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>		
Distracted By Action <b>NOT DISTRACTED</b>				

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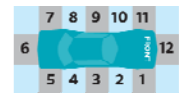
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<b>UNIT</b>	<b>INDIVIDUAL</b>	<b>Non Motorist</b>		Striking Unit #	Location	
		Prior Action				
	Action					
	Action Other				To/From School	
	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>		
	Alcohol Test Given <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>					
	<b>01</b>	<b>001</b>				

## Unit Summary

<b>UNIT</b>	<b>02</b>	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>1</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>45</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>STOP SIGN</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>E0H794</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>KY</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>2C3CDZAG8KH752033</b>	Make <b>DODGE</b>	Year <b>2019</b>	Model <b>CHARGER</b>
		Color <b>RED - RED</b>	Body Style <b>2D - 2DR</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>FUNCTIONAL DAMAGE</b>	Vehicle Removed By <b>OWNER</b>		
Towed Due To Damage <b>NOT TOWED</b>					



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UNIT	VEHICLE	What Driver Was Doing <b>GOING STRAIGHT</b>	Vehicle Factors		
		Driver Prior Action Other	<b>NOT APPLICABLE</b>		
02	02	Driver Actions <b>FAILED TO YIELD RIGHT-OF-WAY</b>			
		Owner Name <b>TYLER WAGERS (608) 594-8158</b>	Owner Address <b>2300 SCHULTZ ST PORTAGE, WI 53901 , US</b>		
<b>Sequence Of Events</b>					
UNIT	01	Event <b>MOTOR VEH IN TRANSPORT</b>			
		Event			
		Event			
		Event			
UNIT	02	<b>Policy Holder</b>			
		Insurance Company <b>KENTUCKY-FARM-BUREAU-MUTUAL-INS-CO</b>	Individual <b>TYLER WAGERS</b>		
UNIT	INDIVIDUAL	<b>Individual</b>			
		Driver <b>TYLER WAGERS (608) 594-8158</b>	Citations Issued <b>1</b>	Sex <b>MALE</b>	
		Date of Birth		Race <b>WHITE</b>	
		Address <b>2300 SCHULTZ ST PORTAGE, WI 53901 , US</b>		Driver License Number <b>STATE: KENTUCKY COUNTRY: UNITED STATES</b>	
02	002	<b>Safety Equipment</b>		Safety Equipment	
		On Duty Crash	<b>SHOULDER &amp; LAP BELT</b>		
		Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	Helmet Compliance	
		Helmet Use		Tint Compliance	
		Eye Protection		Airbag <b>NON DEPLOYED</b>	
		<b>Injury</b>		Injury Severity <b>NO APPARENT 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		
<b>Distracted By</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>			
<b>Distracted By Action</b>		<b>NOT DISTRACTED</b>			
<b>Non Motorist</b>		Striking Unit #	Location		

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CRASH REPORT

UNIT	INDIVIDUAL			
	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>NOT OBSERVED</b>			
	<b>Violations</b>			
01	UTC Number <b>BG944592</b>	Issue To? <b>002</b>	Statute Number <b>346.06</b>	Description <b>FAILURE TO YIELD RIGHT OF WAY</b>