

6TL0DRXHJT

Document Number Override		Primary Crash Document #		Agency Crash Number 23-10519		Investigating Officer/Deputy DEPUTY S. ELLICKSON	
Crash Date 09/27/2023		Crash Time 07:15 AM		Date Arrived 09/27/2023		Time Arrived 07:21 AM	
Date Notified 09/27/2023		Time Notified 07:15 AM		Total Units 02		Total Injured 02	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"/> 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	
<input type="checkbox"/> Trailer or Towed		<input type="checkbox"/> Reporting Threshold					

Description

Diagram		Reconstruction By	
<p>Not to Scale</p>		Photos By	
		Additional Information PHOTOS	

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

UNIT 1 WAS TRAVELING WESTBOUND ON USH 14 WHILE UNIT 2 WAS TRAVELING NORTH BOUND ON STH 23. UNIT 2 OBSERVED THE TRAFFIC LIGHT TURN GREEN AND PROCEEDED THROUGH THE INTERSECTION. WHEN UNIT 2 WAS HEADING INTO THE INTERSECTION UNIT 1 WAS APPROACHING THE INTERSECTION. UNIT 2 CONTINUED THROUGH THE INTERSECTION STRIKING UNIT 1. UNIT 1 SPUN OUT AND STOPPED FACING SOUTHEAST, WHILE UNIT 2 CAME TO A STOP STILL FACING WESTBOUND.

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WISCONSIN MOTOR VEHICLE
CRASH REPORT

SAUK COUNTY SHERIFFS DEPARTMENT
1300 LANGE COURT
BARABOO, WI 53913
(608) 356-4895

Location

ON PRAIRIE VIEW RD/ STH23 EB 102 FT N OF USH14 EB IN THE TOWN OF SPRING GREEN IN SAUK COUNTY	Latitude 43.189980339	Longitude -90.073850577
	X Coordinate 250221.046875	Y Coordinate 4786500
	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) WET	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) RAIN		
Animal Type	Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY	Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land	Access Control FULL CONTROL	Special Study
Within Interchange Area NO	Junction Location INTERSECTION	Intersection Type FOUR-WAY INTERSECTION

Unit Summary

UNIT	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type TRUCK		
	Vehicle Type UTILITY TRUCK/PICKUP TRUCK	Operating As Endorsements			
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 1	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 45	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 TRAFFIC SIGNAL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)	Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO				

Vehicle

UNIT	VEHICLE	License Plate Number 333733	Plate Type LTK - LIGHT TRUCK	St WI	Country of Issuance UNITED STATES	
		Vehicle Identification Number 3GCUKREC2GG243060	Make CHEVROLET	Year 2016	Model SILVERADO	
		Color BLK - BLACK	Body Style PK - PICKUP		Bus Use	
		Initial Contact Point 12 - FRONT	Vehicle Damage 10 - LEFT SIDE FRONT			
		Extent Of Damage DISABLING DAMAGE				



UNIT	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By		
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors		
	Driver Prior Action Other		NOT APPLICABLE		
	Driver Actions DISREGARDED RED LIGHT				
01	01	Owner Name RICHARD PIERCE (608) 882-6636		Owner Address 550 VISION DR EVANSVILLE, WI 53536 , US	
		Sequence Of Events			
UNIT	01	Event MOTOR VEH IN TRANSPORT			
		Event			
		Event			
		Event			
UNIT	01	Policy Holder			
		Insurance Company AUTO-OWNERS-INS-CO	Individual RICHARD PIERCE		
UNIT	01	Individual			
		Driver RICHARD PIERCE (608) 882-6636	Citations Issued 1	Sex MALE	
		Address 550 VISION DR EVANSVILLE, WI 53536 , US		Date of Birth	Race WHITE
		Driver License Number			
UNIT	01	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
UNIT	001	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	

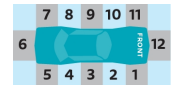
UNIT INDIVIDUAL 01 001	Non Motorist		Striking Unit #	Location	
	Prior Action				
	Action				
	Action Other			To/From School	
	Drug & Alcohol		Suspected Alcohol Use NO	Suspected Drug Use NO	
	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	Alcohol Test Results	
	Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Results	
	Drug Type				
	Individual Condition APPEARED NORMAL				
	Violations				
01	UTC Number BJ679324	Issue To? 001	Statute Number 346.46(1)	Description FAIL/STOP AT STOP SIGN	

Unit Summary

UNIT 02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER VAN				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	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 40	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 TRAFFIC SIGNAL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

Vehicle

02 02	License Plate Number 189WWP		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 2C4RDGCG7FR732783		Make DODGE	Year 2015	Model GRAND CARA
	Color RED - RED		Body Style VN - VAN		Bus Use
	Initial Contact Point 01 - RIGHT FRONT CORNER				



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UNIT VEHICLE	Vehicle Damage	
	Extent Of Damage DISABLING DAMAGE	01 - RIGHT FRONT CORNER
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By
	What Driver Was Doing GOING STRAIGHT	Vehicle Factors
UNIT VEHICLE	Driver Prior Action Other	NOT APPLICABLE
	Driver Actions NO CONTRIBUTING ACTION	
	Owner Name CAROL SCHMALOWSKI (608) 588-2928	Owner Address 217 LINS CT SPRING GREEN, WI 53588 , US
	Sequence Of Events	
UNIT VEHICLE	01 Event MOTOR VEH IN TRANSPORT	
	02 Event	
	03 Event	
	04 Event	
UNIT VEHICLE	Policy Holder	
	Insurance Company AMERICAN-FAMILY-INS-CO	Individual CAROL SCHMALOWSKI
UNIT INDIVIDUAL	Individual	
	Driver CAROL SCHMALOWSKI (608) 588-2928	Citations Issued 0
		Sex FEMALE
		Date of Birth WHITE
UNIT INDIVIDUAL	Address 217 LINS CT SPRING GREEN, WI 53588 , US	Driver License Number
	Safety Equipment	
	On Duty Crash	Safety Equipment
	Row 01 - FRONT ROW	Seat Position 07 - LEFT
UNIT INDIVIDUAL	Helmet Use	Helmet Compliance
	Eye Protection	Tint Compliance
	Injury	Injury Severity SUSPECTED MINOR INJURY
		Airbag DEPLOYED-FRONT
UNIT INDIVIDUAL	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE
		Trapped/Extricated NOT TRAPPED
	Medical Transport EMS GROUND	EMS Agency Identifier 6001288
	Hospital RICHLAND HOSP	Date of Death
		EMS Run #
		Time of Death

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	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
	Drug Type	
02	Individual Condition APPEARED NORMAL	
	Individual	
	Passenger BENTLEY RINGELSTETTER (608) 686-4016	Citations Issued 0 Sex MALE
		Date of Birth Race WHITE
	Address 217 LINS CT SPRING GREEN, WI 53588 , US	Driver License Number
	Safety Equipment	On Duty Crash EMT/FIRST-RESPONDER Safety Equipment SHOULDER & LAP BELT
	Row 01 - FRONT ROW	Seat Position 09 - RIGHT
	Helmet Use	Helmet Compliance
	Eye Protection	Tint Compliance
	02	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

UNIT	INDIVIDUAL	Distracted By Action			
		Non Motorist	Striking Unit #	Location	
			Prior Action		
	Action				
	Action Other		To/From School		
	02	003	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					
Drug Type					
Individual Condition					
APPEARED NORMAL					