

6TL0F3SSFK
SC23-10524

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 SC23-10524		Investigating Officer/Deputy DEPUTY A. KING	
Crash Date 09/27/2023		Crash Time 10:25 AM		Date Arrived 09/27/2023		Time Arrived 10:35 AM	
Date Notified 09/27/2023		Time Notified 10:26 AM		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
	Photos By
	Additional Information NONE

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

I WAS DISPATCHED TO CH A/CH U FOR A REPORT OF A TWO CAR CRASH. UPON ARRIVAL, SPOKE WITH CONNIE MCCOLLUM(U1). CONNIE ADMITTED TO PASSING U2 AND DID NOT SEE THE LEFT TURN INDICATOR ON U2 AND STRUCK THE FRONT DRIVER SIDE OF U2. CONNIE STATED SHE WAS NOT INJURED AND BELIEVED HER VEHICLE IS DRIVEABLE. I MET WITH KAREN BROWN(DRIVER OF U2) WHO STATED SHE WAS DRIVING ON CH A AND HAD HER LEFT BLINKER ACTIVATED AND WAS BEING PASSED. KAREN SAID SHE WAS THEN STRUCK BY U1. KAREN SAID SHE AND HER PASSENGER DID NOT HAVE ANY INJURIES. CONNIE WAS CITED FOR PASSING A VEHICLE INDICATING A LEFT TURN. BOTH VEHICLES WERE REMOVED FROM THE SCENE BY THE OWNER.

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Location

ON REEDSBURG RD 6 FT W OF CTHA NB IN THE TOWN OF FAIRFIELD IN SAUK COUNTY	Latitude 43.532266814	Longitude -89.738881548
	X Coordinate 278690.46875	Y Coordinate 4823569.5
	Structure Type	

Crash Scene

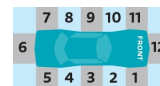
First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 01 - ANGLE		Light Condition DAWN	
Road Surface Condition(s) WET		Roadway Factor(s) NONE	
Environment Factor(s) NONE			
Weather Condition(s) RAIN			
Animal Type		Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY		Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land		Access Control PARTIAL CONTROL	Special Study
Within Interchange Area NO	Junction Location INTERSECTION-RELATED	Intersection Type FOUR-WAY INTERSECTION	

Unit Summary

UNIT	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR				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 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					

Vehicle

UNIT	VEHICLE	License Plate Number AUY4648				Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 1C4RJFCT4CC270459				Make JEEP	Year 2012	Model GRAND CHER
		Color GRY - GRAY				Body Style UT - SPORT UTILITY VEHICLE		Bus Use
		Initial Contact Point 01 - RIGHT FRONT CORNER				Vehicle Damage 01 - RIGHT FRONT CORNER		
		Extent Of Damage MINOR DAMAGE						



UNIT	Towed Due To Damage NOT TOWED		Vehicle Removed By OWNER		
	What Driver Was Doing OVERTAKE LEFT		Vehicle Factors		
	Driver Prior Action Other		NOT APPLICABLE		
	Driver Actions IMPROPER OVERTAKING / PASSING LEFT				
01	01	Owner Name CONNIE MC COLLUM (608) 584-5867		Owner Address 712 COUNTY ROAD A GRAND MARSH, WI 53936 , US	
		Sequence Of Events			
UNIT	01	Event MOTOR VEH IN TRANSPORT			
		Event			
		Event			
		Event			
UNIT	01	Policy Holder			
		Insurance Company STATE-FARM-MUTUAL-AUTOMOBILE-INS-CO	Individual CONNIE MC COLLUM		
UNIT	01	Individual			
		Driver CONNIE MC COLLUM (608) 584-5867		Citations Issued 1	Sex FEMALE
		Address 712 COUNTY ROAD A GRAND MARSH, WI 53936 , 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			

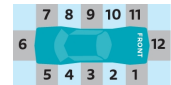
UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location		
		Prior Action					
		Action					
		Action Other					
		To/From School					
		Drug & Alcohol		Suspected Alcohol Use NO	Suspected Drug Use NO		
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type		Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results	
		Drug Type					
		Individual Condition APPEARED NORMAL					
01	001	Violations					
		UTC Number BK261421	Issue To? 001	Statute Number 346.09(4)	Description PASSING VEHICLE INDICATING LEFT TURN		

Unit Summary

UNIT	02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE			
		Vehicle Type PASSENGER CAR					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 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							

Vehicle

02	02	License Plate Number ALZ3745		Plate Type AUT - AUTOMOBILE		St WI	Country of Issuance UNITED STATES		
		Vehicle Identification Number 2G4WS52J551107804		Make BUICK		Year 2005	Model CENTURY		
		Color WHI - WHITE		Body Style SD - SEDAN				Bus Use	
		Initial Contact Point 11 - LEFT FRONT CORNER							



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UNIT VEHICLE	Vehicle Damage		
	Extent Of Damage MINOR DAMAGE	11 - LEFT FRONT CORNER	
	Towed Due To Damage NOT TOWED	Vehicle Removed By OWNER	
	What Driver Was Doing GOING STRAIGHT	Vehicle Factors NOT APPLICABLE	
UNIT VEHICLE	Driver Actions NO CONTRIBUTING ACTION		
	Owner Name KAREN BROWN	Owner Address 561 GOLDEN AVE WISCONSIN DELLS, WI 53965 , US	
Sequence Of Events			
UNIT VEHICLE	Event MOTOR VEH IN TRANSPORT		
	Event		
	Event		
	Event		
Policy Holder			
Insurance Company HARTFORD-CASUALTY-INS-CO		Individual KAREN BROWN	
Individual			
UNIT INDIVIDUAL	Driver KAREN BROWN	Citations Issued 0	Sex FEMALE
		Date of Birth	Race WHITE
	Address 561 GOLDEN AVE WISCONSIN DELLS, WI 53965 , US		Driver License Number
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	
UNIT INDIVIDUAL	Injury		Airbag
	Injury Severity NO APPARENT INJURY		NON DEPLOYED
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
	Medical Transport NOT TRANSPORTED		EMS Agency Identifier
Hospital		Date of Death	Time of Death

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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 HANS BOLL (608) 844-1056	Citations Issued 0 Sex MALE
	Date of Birth Race WHITE	
	Address 561 GOLDEN AVE WISCONSIN DELLS, WI 53965 , US	Driver License Number
	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	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						