

6TL0F2KRB9  
23-11430

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>23-11430</b>		Investigating Officer/Deputy <b>DEPUTY I. GALVAN</b>	
Crash Date <b>10/21/2023</b>		Crash Time <b>10:00 AM</b>		Date Arrived <b>10/21/2023</b>		Time Arrived <b>10:10 AM</b>	
Date Notified <b>10/21/2023</b>		Time Notified <b>10:02 AM</b>		Total Units <b>02</b>		Total Injured <b>01</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"/> 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	
<input type="checkbox"/> Trailer or Towed		<input type="checkbox"/> Reporting Threshold					

Description

Diagram		Reconstruction By	
		Photos By <b>ISAAC GALVAN</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 WAS TRAVELING EASTBOUND ON COUNTY ROAD U AND TURNED LEFT ONTO NORTHBOUND COUNTY ROAD T. UNIT 2 WAS STOPPED AT A STOP SIGN AT THE INTERSECTION. UNIT 1 ESTIMATED THE CLEARANCE WRONG AND RAN OVER THE FRONT DRIVER SIDE OF UNIT 2 CAUSING UNIT 1 TO ROLL OVER ONTO ITS PASSENGER SIDE. UNIT 2 WAS TOWED BY CRIAGS TOWING. UNIT 2 HAD POSSIBLE MINOR INJURIES WAS SEEN BY AN AMBULANCE BUT WAS NOT TRANSPORTED. UNIT 1 WAS LEFT AT A NEIGHBORING FIELD WITH OWNERS CONSENT. NO INJURIES REPORTED TO OPERATOR OF UNIT 1.



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UNIT	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>		
	What Driver Was Doing <b>LEFT TURN</b>		Vehicle Factors		
	Driver Prior Action Other		<b>NOT APPLICABLE</b>		
	Driver Actions <b>FAILED TO KEEP IN DESIGNATED LANE</b>				
01	01	Owner Name <b>MITCHELL SCHOENOFF</b> (608) 345-6383		Owner Address <b>E13401 VAN HOUSEN RD</b> <b>BARABOO, WI 53913 , US</b>	
		<b>Sequence Of Events</b>			
UNIT	01	Event <b>MOTOR VEH IN TRANSPORT</b>			
		Event			
		Event			
		Event			
UNIT	01	<b>Policy Holder</b>			
		Insurance Company <b>WISCONSIN-MUTUAL-INS-CO</b>	Individual <b>MITCHELL SCHOENOFF</b>		
UNIT	01	<b>Individual</b>			
		Driver <b>MITCHELL SCHOENOFF</b> (608) 345-6383		Citations Issued <b>0</b>	Sex <b>MALE</b>
		Address <b>E13401 VAN HOUSEN RD</b> <b>BARABOO, WI 53913 , US</b>		Date of Birth	Race <b>WHITE</b>
		Driver License Number			
UNIT	01	<b>Safety Equipment</b>			
		On Duty Crash		Safety Equipment	
		Row <b>98 - NOT APPLICABLE</b>	Seat Position	<b>NOT APPLICABLE</b>	
		Helmet Use		Helmet Compliance	
		Eye Protection		Tint Compliance	
		<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>
UNIT	001	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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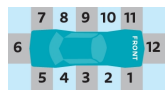
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<b>UNIT</b>	<b>INDIVIDUAL</b>	<b>Non Motorist</b>		Striking Unit #	Location		
		Prior Action					
		Action					
		Action Other					
		To/From School					
		<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>		Suspected Drug Use <b>NO</b>	
		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>					

**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>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"/> Pre Crash Tire Mark	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>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>915JCE</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>		
		Vehicle Identification Number <b>1GNET16SX46207940</b>	Make <b>CHEVROLET</b>	Year <b>2004</b>	Model <b>TRAILBLAZR</b>		
		Color <b>SIL - SILVER (ALUMINUM)</b>	Body Style <b>4D - 4DR</b>		Bus Use		
		Initial Contact Point <b>11 - LEFT FRONT CORNER</b>	Vehicle Damage				
		Extent Of Damage <b>DISABLING DAMAGE</b>	<b>01 - RIGHT FRONT CORNER, 09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT, 12 - FRONT</b>				
		Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	Vehicle Removed By <b>CRAIGS TOWING</b>				



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UNIT VEHICLE	What Driver Was Doing <b>STOP IN TRAFFIC</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>NO CONTRIBUTING ACTION</b>			
02	Owner Name <b>DAVID ALLEN (608) 356-7714</b>		Owner Address <b>E13044 COUNTY ROAD U BARABOO, WI 53913 , US</b>	
	<b>Sequence Of Events</b>			
01 02 03 04	Event <b>MOTOR VEH IN TRANSPORT</b>			
	Event			
	Event			
	Event			
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>AMERICAN-FAMILY-INS-CO</b>		Individual <b>DAVID ALLEN</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>DAVID ALLEN (608) 356-7714</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
	Address <b>E13044 COUNTY ROAD U BARABOO, WI 53913 , US</b>		Date of Birth	Race <b>WHITE</b>
			Driver License Number	
02 002	<b>Safety Equipment</b>		On Duty Crash	
			Safety Equipment	
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	<b>SHOULDER &amp; LAP BELT</b>	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
<b>Injury</b>		Injury Severity <b>SUSPECTED MINOR 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>				
<b>Non Motorist</b>		Striking Unit #	Location	

UNIT	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>		
	02	002	