

6TL0F68VN3

23-11762

# 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>23-11762</b>	Investigating Officer/Deputy <b>SERGEANT T. CLAUER</b>	
Crash Date <b>10/30/2023</b>		Crash Time <b>08:46 AM</b>	Date Arrived <b>10/30/2023</b>	Time Arrived <b>08:54 AM</b>	
Date Notified <b>10/30/2023</b>		Time Notified <b>08:48 AM</b>	Total Units <b>02</b>	Total Injured <b>02</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

Diagram 	Reconstruction By
	Photos By <b>SGT. CLAUER</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 ONE WAS STOPPED AT THE STOP SIGN ON CTH W AT STH 23. UNIT ONE DIDN'T SEE UNIT TWO WHICH WAS TRAVELING SOUTH ON STH 23. UNIT ONE ATTEMPTED TO CROSS STH 23 TO FRIENDSHIP DRIVE HOWEVER STRUCK THE FRONT END OF UNIT 2. BOTH VEHICLES WERE DISABLED IN THE CRASH. UNIT ONE OPERATOR ISSUED CITATION FOR FYR.

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## Location

ON CTHW WB 33 FT E OF FRIENDSHIP RD IN THE TOWN OF WESTFIELD IN SAUK COUNTY	Latitude <b>43.395572943</b>	Longitude <b>-90.036364054</b>
	X Coordinate <b>254097.921875</b>	Y Coordinate <b>4809222.5</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>02 - FRONT TO FRONT</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>CLEAR</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

<b>UNIT</b>	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>TRUCK</b>		
	Vehicle Type <b>UTILITY TRUCK/PICKUP TRUCK</b>	Operating As Endorsements			
	Total Occs <b>01</b>	Train/Bus # Recorded	Total # Citations Issued <b>01</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>55</b>	Total Lanes <b>02</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>TM8919</b>	Plate Type <b>LTK - LIGHT TRUCK</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>1D7RW3BP1AS104395</b>	Make <b>DODGE</b>	Year <b>2010</b>	Model <b>DAKOTA</b>
		Color <b>SIL - SILVER (ALUMINUM)</b>	Body Style <b>PK - PICKUP</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>		



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UNIT VEHICLE	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>NACHREINER AUTO</b>	
	What Driver Was Doing <b>ACCELERATING IN ROAD</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>FAILED TO YIELD RIGHT-OF-WAY, FAILURE TO CONTROL, LOOKED BUT DID NOT SEE</b>			
01	Owner Name <b>PATRICK H MC GLYNN (608) 986-3500</b>		Owner Address <b>S4309 COUNTY ROAD G LA VALLE, WI 53941 , 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>ERIE-INS-CO</b>		Individual <b>PATRICK MC GLYNN</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>PATRICK MC GLYNN (608) 986-3500</b>		Citations Issued <b>01</b>	Sex <b>MALE</b>
	Address <b>S4309 COUNTY ROAD G LA VALLE, WI 53941 , 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	
	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>NO APPARENT INJURY</b>	Airbag <b>DEPLOYED-FRONT</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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<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>Violations</b>					
01	001	UTC Number <b>BK262525</b>	Issue To? <b>001</b>	Statute Number <b>346.18(3)</b>	Description <b>FAIL/YIELD RIGHT/WAY FROM STOP SIGN</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>(SPORT) UTILITY VEHICLE</b>				Operating As Endorsements						
	Total Occs <b>02</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 Crash Tire Mark</b>		Speed Limit <b>55</b>		Total Lanes <b>02</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>CONCRETE</b>				Road Curvature <b>CURVE LEFT</b>				Road Grade <b>UPHILL</b>			
	Truck Bus or HazMat <b>NO</b>											

## Vehicle

<b>02</b>	<b>02</b>	License Plate Number <b>195NRH</b>		Plate Type <b>AUT - AUTOMOBILE</b>		St <b>WI</b>		Country of Issuance <b>UNITED STATES</b>			
		Vehicle Identification Number <b>1GKS2BKC2HR298200</b>		Make <b>GENERAL MOTORS COR</b>		Year <b>2017</b>		Model <b>YUKON</b>			
		Color <b>SIL - SILVER (ALUMINUM)</b>		Body Style <b>4D - 4DR</b>				Bus Use			
		Initial Contact Point <b>11 - LEFT FRONT CORNER</b>									



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UNIT VEHICLE	Vehicle Damage	
	Extent Of Damage <b>DISABLING DAMAGE</b>	
	10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT	
	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	
UNIT VEHICLE	Vehicle Removed By <b>SHIELDS TOWING</b>	
	What Driver Was Doing <b>GOING STRAIGHT</b>	
	Vehicle Factors	
	Driver Prior Action Other <b>NOT APPLICABLE</b>	
UNIT VEHICLE	Driver Actions <b>NO CONTRIBUTING ACTION</b>	
	Owner Name <b>PENNY JEAN HILBER (608) 415-0173</b>	Owner Address <b>S1518 WEGNER RD LA VALLE, WI 53941 , US</b>
<b>Sequence Of Events</b>		
UNIT VEHICLE	Event <b>MOTOR VEH IN TRANSPORT</b>	
	Event	
	Event	
	Event	
UNIT VEHICLE	<b>Policy Holder</b>	
	Insurance Company <b>STATE-FARM-GENERAL-INS-CO</b>	Individual <b>PENNY HILBER</b>
UNIT INDIVIDUAL	<b>Individual</b>	
	Driver <b>PENNY HILBER (608) 415-0173</b>	Citations Issued <b>0</b>
		Sex <b>FEMALE</b>
		Date of Birth
	Race <b>WHITE</b>	
Address <b>S1518 WEGNER RD LA VALLE, WI 53941 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
UNIT INDIVIDUAL	<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		
UNIT INDIVIDUAL	<b>Injury</b>	
	Injury Severity <b>SUSPECTED MINOR INJURY</b>	Airbag <b>DEPLOYED-COMBINATION</b>
	Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>
	<b>NOT TRAPPED</b>	
	Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier
	EMS Run #	
Hospital	Date of Death	
Time of Death		

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UNIT	INDIVIDUAL	<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
		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	INDIVIDUAL	<b>Individual</b>	
		Passenger <b>DONALD W GELHOUSE</b>	Citations Issued <b>0</b> Sex <b>MALE</b>
			Date of Birth Race <b>WHITE</b>
		Address <b>300 MACK DRIVE APT 213 REEDSBURG, WI 53959 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>
		<b>Safety Equipment</b>	On Duty Crash Safety Equipment <b>SHOULDER &amp; LAP BELT</b>
		Row <b>01 - FRONT ROW</b>	Seat Position <b>09 - RIGHT</b>
		Helmet Use Helmet Compliance	
		Eye Protection Tint Compliance	
		<b>Injury</b>	Injury Severity <b>SUSPECTED MINOR INJURY</b> Airbag <b>DEPLOYED-COMBINATION</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		
UNIT	INDIVIDUAL	<b>Distracted By</b> Distracted By Source	

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	<b>Non Motorist</b>	Striking Unit #	Location		
		Prior Action			
	<b>INDIVIDUAL</b>	Action			
		Action Other		To/From School	
		<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use	Suspected Drug Use	
			<b>NO</b>	<b>NO</b>	
			Alcohol Test Given	Alcohol Test Type	Alcohol Test Results
	<b>TEST NOT GIVEN</b>				
	Drug Test Given	Drug Test Type	Drug Test Results		
<b>TEST NOT GIVEN</b>					
<b>02</b>	<b>003</b>	Drug Type			
		Individual Condition			
		<b>APPEARED NORMAL</b>			