

6TL0DJJ8WX  
23-12996

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>23-12996</b>		Investigating Officer/Deputy <b>DEPUTY J. TROTH</b>	
Crash Date <b>12/04/2023</b>		Crash Time <b>06:22 PM</b>		Date Arrived <b>12/04/2023</b>		Time Arrived <b>06:30 PM</b>	
Date Notified <b>12/04/2023</b>		Time Notified <b>06:24 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

Diagram 	Reconstruction By
	Photos By <b>TROTH</b>
	Additional Information <b>PHOTOS</b>

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

KYLE REIMANN WAS THE DRIVER OF UNIT 2. ALICIA KROPF WAS THE DRIVER FOR UNIT 1. KYLE REIMANN WAS WESTBOUND ON HWY 14. KYLE HAD A GREEN LIGHT AS HE CAME TO THE INTERSECTION ON HWY 14 AND HWY 23. ALICIA KROPF WAS EASTBOUND ON HWY 14. ALICIA WAS TURNING LEFT AT THE GREEN LIGHT. ALICIA TURNED LEFT IN THE PATH OF KYLE. SHE ADVISED SHE THOUGHT SHE HAD ENOUGH TIME. KYLE STRUCK ALICIA'S VEHICLE BROADSIDE. NO INJURIES REPORTED ON SCENE. ALICIA STATED SHE KNEW KYLE HAD RIGHT OF WAY.

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Location

<b>INTERSECTION ON USH14 WB AT PRAIRIE VIEW RD/ STH23 EB IN THE TOWN OF SPRING GREEN IN SAUK COUNTY</b>	Latitude <b>43.189699342</b>	Longitude <b>-90.073848865</b>
	X Coordinate <b>250220.046875</b>	Y Coordinate <b>4786469</b>
	Structure Type	

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>DARK/LIGHTED</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>FULL 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>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>EASTBOUND</b>	<input type="checkbox"/> <b>Pre CrashTire Mark</b>	Speed Limit <b>45</b>	Total Lanes <b>4</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>DIVIDED HWY W/O TRAFFIC BARRIER</b>	Traffic Control <b>TRAFFIC SIGNAL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>CONCRETE</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>XE27019</b>	Plate Type <b>LTK - LIGHT TRUCK</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>1GT125E86EF143453</b>	Make <b>GENERAL MOTORS COR</b>	Year <b>2014</b>	Model <b>SIERRA</b>
		Color <b>BLK - BLACK</b>	Body Style <b>PK - PICKUP</b>		Bus Use
		Initial Contact Point <b>03 - RIGHT SIDE MIDDLE</b>	Vehicle Damage <b>03 - RIGHT SIDE MIDDLE, 04 - RIGHT SIDE REAR</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	
	What Driver Was Doing <b>LEFT TURN</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>FAILED TO YIELD RIGHT-OF-WAY</b>			
01	01	Owner Name <b>ERIC HOSTETLER (608) 391-4151</b>		Owner Address <b>1246 STATE ROAD 133 MUSCODA, WI 53573 , US</b>
<b>Sequence Of Events</b>				
	01	Event <b>MOTOR VEH IN TRANSPORT</b>		
	02	Event <b>MOTOR VEH IN TRANSPORT</b>		
	03	Event		
	04	Event		
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>STATE-FARM-GENERAL-INS-CO</b>		Individual <b>ALICIA KROPF</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>ALICIA KROPF (608) 391-4151</b>		Citations Issued <b>1</b>	Sex <b>FEMALE</b>
	Address <b>1246 STATE ROAD 133 MUSCODA, WI 53573 , US</b>		Date of Birth	Race <b>WHITE</b>
	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
01 001	<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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UNIT	INDIVIDUAL	<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>					
	01	001	<b>Violations</b>			
UTC Number <b>B1588033</b>			Issue To? <b>001</b>	Statute Number <b>346.18(2)</b>	Description <b>FAIL/YIELD WHILE MAKING LEFT TURN</b>	

Unit Summary

UNIT	02	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>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>WESTBOUND</b>		<input type="checkbox"/> <b>Pre Crash Tire Mark</b>		Speed Limit <b>45</b>		Total Lanes <b>4</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>DIVIDED HWY W/O TRAFFIC BARRIER</b>				Traffic Control <b>TRAFFIC SIGNAL</b>				Traffic Control Inoperative/Missing <b>NO</b>			
		Surface Type <b>CONCRETE</b>				Road Curvature <b>STRAIGHT</b>				Road Grade <b>LEVEL</b>			
		Truck Bus or HazMat <b>NO</b>											

02	02	<b>Vehicle</b>								
		License Plate Number <b>KM8655</b>			Plate Type <b>LTK - LIGHT TRUCK</b>		St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>		
		Vehicle Identification Number <b>1FTYR10V0XUB63597</b>			Make <b>FORD</b>		Year <b>1999</b>	Model <b>RANGER</b>		
		Color <b>GRN - GREEN</b>			Body Style <b>PK - PICKUP</b>			Bus Use		
		Initial Contact Point <b>12 - FRONT</b>								



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UNIT VEHICLE	Vehicle Damage	
	01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT	
	Extent Of Damage <b>DISABLING DAMAGE</b>	
	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	
UNIT VEHICLE	Vehicle Removed By <b>WEGNER 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>KYLE REIMANN (608) 574-0761</b>	Owner Address <b>S12672 MERRILEE RD SPRING GREEN, WI 53588 , US</b>
<b>Sequence Of Events</b>		
01	Event <b>MOTOR VEH IN TRANSPORT</b>	
02	Event <b>MOTOR VEH IN TRANSPORT</b>	
03	Event	
04	Event	
UNIT	<b>Policy Holder</b>	
	Insurance Company <b>RURAL-COMMUNITY-INSURANCE-COMPANY</b>	Individual <b>KYLE REIMANN</b>
UNIT INDIVIDUAL	<b>Individual</b>	
	Driver <b>KYLE REIMANN (608) 574-0761</b>	Citations Issued <b>0</b>
		Sex <b>MALE</b>
		Date of Birth
	Race <b>WHITE</b>	
Address <b>S12672 MERRILEE RD SPRING GREEN, WI 53588 , US</b>		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>
UNIT 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>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
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<b>UNIT</b>	<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				
<b>02</b>	<b>002</b>	Individual Condition			
		<b>APPEARED NORMAL</b>			