

6TL0C22XZT  
23-13147

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

6TL0C22XZT

Document Number Override		Primary Crash Document #		Agency Crash Number <b>23-13147</b>		Investigating Officer/Deputy <b>DEPUTY A. WILCOX</b>	
Crash Date <b>12/08/2023</b>		Crash Time <b>02:30 PM</b>		Date Arrived <b>12/08/2023</b>		Time Arrived <b>02:36 PM</b>	
Date Notified <b>12/08/2023</b>		Time Notified <b>02:31 PM</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	
<p>Not to scale</p> <p>Shell Gas Station</p> <p>STOP</p> <p>Main Street</p> <p>Wachter Ave.</p>		Photos By <b>A. WILCOX</b>	
		Additional Information <b>NONE</b>	

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

ON 12/08/2023, I WAS DISPATCHED TO THE AREA OF WACHTER AVE AND MAIN STREET IN THE VILLAGE OF PLAIN FOR A TRAFFIC ACCIDENT. UNIT 1 WAS TRAVELING S/B ON WACHTER AVE WHEN UNIT 2 HIT UNIT 1'S DRIVER'S SIDE. UNIT 2 WAS STOPPED AT A STOP SIGN ON MAIN STREET. UNIT 2 FAILED TO YIELD RIGHT AWAY FROM THE STOP SIGN AND STRUCK UNIT 1 ON THE DRIVER'S SIDE. BOTH UNITS WERE REMOVED BY NACHRIENERS TOWING.

6TL0C22XZT  
23-13147

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

Location

ON WACHTER AVE/ STH23 WB 14 FT S OF MAIN ST/ CTHB WB IN THE VILLAGE OF PLAIN IN SAUK COUNTY	Latitude <b>43.278806448</b>	Longitude <b>-90.044020406</b>
	X Coordinate <b>253004.53125</b>	Y Coordinate <b>4796277</b>
	Structure Type <b>NO STRUCTURE</b>	

Crash Scene

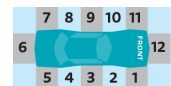
First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>01 - ANGLE</b>	Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>		
Weather Condition(s) <b>CLEAR</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>AUTOMOBILE</b>	
	Vehicle Type <b>PASSENGER CAR</b>	Operating As Endorsements			
	Total Occs <b>2</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>25</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>NO CONTROL</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>				

Vehicle

<b>UNIT</b>	<b>VEHICLE</b>	<b>01</b>	License Plate Number <b>876FGS</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
			Vehicle Identification Number <b>JF2SKAXC4MH401438</b>	Make <b>SUBARU</b>	Year <b>2021</b>	Model <b>FORESTER</b>	
			Color <b>GRN - GREEN</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use	
			Initial Contact Point <b>09 - LEFT SIDE MIDDLE</b>	Vehicle Damage			
			Extent Of Damage <b>DISABLING DAMAGE</b>	<b>08 - LEFT SIDE REAR, 09 - LEFT SIDE MIDDLE</b>			



UNIT	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By			
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors			
	Driver Prior Action Other		<b>NOT APPLICABLE</b>			
	Driver Actions <b>NO CONTRIBUTING ACTION</b>					
01	01	Owner Name <b>GARY MEISTER (608) 444-3970</b>		Owner Address <b>5503 SCHERBEL RD BLACK EARTH, WI 53515 , 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>AMERICAN-FAMILY-INS-CO</b>	Individual <b>GARY MEISTER</b>			
UNIT	01	<b>Individual</b>				
		Driver <b>GARY MEISTER (608) 444-3970</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>	
		Address <b>5503 SCHERBEL RD BLACK EARTH, WI 53515 , US</b>		Date of Birth	Race <b>WHITE</b>	
		Driver License Number				
UNIT	01	<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>POSSIBLE INJURY</b>	Airbag <b>DEPLOYED-SIDE</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>				

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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>					
		UNIT	INDIVIDUAL	<b>Individual</b>			
Passenger <b>ELAINE MEISTER</b> (608) 444-3970				Citations Issued <b>0</b>	Sex <b>FEMALE</b>		
				Date of Birth	Race <b>WHITE</b>		
Address <b>5503 SCHERBEL RD</b> <b>BLACK EARTH, WI 53515 , US</b>				Driver License Number			
<b>Safety Equipment</b>				On Duty Crash	Safety Equipment		
Row <b>01 - FRONT ROW</b>	Seat Position <b>09 - RIGHT</b>			<b>SHOULDER &amp; LAP BELT</b>			
Helmet Use				Helmet Compliance			
Eye Protection				Tint Compliance			
UNIT	INDIVIDUAL			<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			
		Distracted By Action					
		<b>Non Motorist</b>		Striking Unit #	Location		

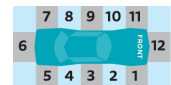
UNIT	INDIVIDUAL	Prior Action				
		Action				
		Action Other		To/From School		
	01	002	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>
			Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type	Alcohol Test Results
			Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type	Drug Test Results
			Drug Type			
			Individual Condition <b>APPEARED NORMAL</b>			

**Unit Summary**

UNIT	02	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>1</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"/> Pre Crash Tire Mark	Speed Limit <b>25</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>NO CONTROL</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>					

**Vehicle**

UNIT	VEHICLE	02	02	License Plate Number <b>892NXH</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>			
				Vehicle Identification Number <b>1C3CDZCB4CN202824</b>		Make <b>DODGE</b>	Year <b>2012</b>	Model <b>AVENGER</b>			
				Color <b>BLU - BLUE</b>		Body Style <b>SD - SEDAN</b>		Bus Use			
				Initial Contact Point <b>12 - FRONT</b>		Vehicle Damage <b>01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT</b>					
				Extent Of Damage <b>DISABLING DAMAGE</b>							
				Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By					
				What Driver Was Doing <b>GOING STRAIGHT</b>							



WISCONSIN MOTOR VEHICLE  
CRASH REPORT

UNIT VEHICLE	Driver Prior Action Other		Vehicle Factors		
	Driver Actions <b>LOOKED BUT DID NOT SEE</b>		<b>NOT APPLICABLE</b>		
	Owner Name <b>SUSAN PEPIN (608) 588-5526</b>	Owner Address <b>1280 PLAINVIEW RD # 4 PLAIN, WI 53577 , US</b>			
	<b>Sequence Of Events</b>				
UNIT 01 02 03 04	Event <b>MOTOR VEH IN TRANSPORT</b>				
	Event				
	Event				
	Event				
UNIT	<b>Policy Holder</b>				
	Insurance Company <b>PROGRESSIVE-CLASSIC-INS-CO</b>		Individual <b>SUSAN PEPIN</b>		
UNIT INDIVIDUAL	<b>Individual</b>				
	Driver <b>SUSAN PEPIN (608) 588-5526</b>		Citations Issued <b>1</b>	Sex <b>FEMALE</b>	
	Address <b>1280 PLAINVIEW RD # 4 PLAIN, WI 53577 , US</b>		Date of Birth	Race <b>WHITE</b>	
			Driver License Number		
UNIT 02 003	<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>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>UNKNOWN</b>			
Distracted By Action <b>UNKNOWN</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>							
	<b>Violations</b>							
	02	003	01	<table border="1"> <tr> <td>UTC Number <b>BC936606</b></td> <td>Issue To? <b>003</b></td> <td>Statute Number <b>346.18(3)</b></td> <td>Description <b>FAIL/YIELD RIGHT/WAY FROM STOP SIGN</b></td> </tr> </table>		UTC Number <b>BC936606</b>	Issue To? <b>003</b>	Statute Number <b>346.18(3)</b>
UTC Number <b>BC936606</b>	Issue To? <b>003</b>	Statute Number <b>346.18(3)</b>	Description <b>FAIL/YIELD RIGHT/WAY FROM STOP SIGN</b>					