

6TL0C9H5MX
23-13736

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

6TL0C9H5MX

Document Number Override		Primary Crash Document #		Agency Crash Number 23-13736		Investigating Officer/Deputy SERGEANT M. TATE	
Crash Date 12/26/2023		Crash Time 06:32 PM		Date Arrived 12/26/2023		Time Arrived 06:38 PM	
Date Notified 12/26/2023		Time Notified 06:32 PM		Total Units 02		Total Injured 01	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 SGT TATE	
		Additional Information PHOTOS	

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

UNIT 1 WAS SOUTHBOUND ON CTY BD FROM N REEDSBURG RD. UNIT 1 BEGAN TO MAKE A LEFT HAND TURN INTO FIRST STOP GAS STATION. UNIT 2 WAS EXITING FIRST STOP GAS STATION, MAKING A LEFT HAND TURN TO HEAD SOUTH ON CTY BD. AS UNIT 1 ENTERED THE DRIVEWAY UNIT 2 BEGAN TO MAKE THE TURN, STRIKING UNIT 1 IN THE DRIVER SIDE DOOR. UNIT 1 OPERATOR STATED HER LEFT ARM WAS SORE. EMS REFUSED. UNIT 2 OPERATOR RECEIVED CITATION FOR FAILURE TO YIELD RIGHT OF WAY. UNIT 1 OPERATOR RECEIVED A CITATION FOR OPERATING WHILE REVOKED.

Location

ON S3118 CTHBD SB 297 FT S OF N REEDSBURG RD (FIRE S3118) IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude 43.531648917	Longitude -89.777830146
	X Coordinate 275540.875	Y Coordinate 4823605.5
	Structure Type FIRE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 01 - ANGLE	Light Condition DARK/UNLIT	
Road Surface Condition(s) DRY	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) CLEAR		
Animal Type	Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY	Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land	Access Control NO CONTROL	Special Study
Within Interchange Area NO	Junction Location NON-JUNCTION	Intersection Type NOT AN INTERSECTION

Unit Summary

UNIT 01	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 1	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel SOUTHBOUND	<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 01 VEHICLE	License Plate Number AVV9110	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
	Vehicle Identification Number 19XFB2F50EE053153	Make HONDA	Year 2014	Model CIVIC	
	Color RED - RED	Body Style SD - SEDAN		Bus Use	
	Initial Contact Point 09 - LEFT SIDE MIDDLE	Vehicle Damage 08 - LEFT SIDE REAR, 09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT			
	Extent Of Damage DISABLING DAMAGE				



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UNIT	Towed Due To Damage NOT TOWED		Vehicle Removed By		
	What Driver Was Doing LEFT TURN		Vehicle Factors		
	Driver Prior Action Other		NOT APPLICABLE		
	Driver Actions NO CONTRIBUTING ACTION				
01	01	Owner Name KEIRRIA FUNMAKER (608) 432-9599		Owner Address S881 CHRISTMAS MOUNTAIN DR WISCONSIN DELLS, WI 53965 , US	
		Sequence Of Events			
UNIT	01	Event LEFT TURN			
		Event MOTOR VEH IN TRANSPORT			
		Event			
		Event			
UNIT	Policy Holder				
	Insurance Company PROGRESSIVE-CLASSIC-INS-CO		Individual KEIRRIA FUNMAKER		
UNIT	Individual				
	INDIVIDUAL	Driver KEIRRIA FUNMAKER (608) 432-9599		Citations Issued 1	Sex FEMALE
		Date of Birth		Race AMERICAN INDIAN OR ALASKAN NATIVE	
	Address S881 CHRISTMAS MOUNTAIN DR WISCONSIN DELLS, WI 53965 , US		Driver License Number		
Safety Equipment					
01	001	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 SUSPECTED MINOR INJURY	Airbag DEPLOYED-SIDE
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					

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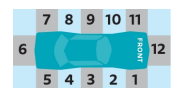
UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location		
		Prior Action					
		Action					
		Action Other					
		To/From School					
		Drug & Alcohol		Suspected Alcohol Use NO	Suspected Drug Use NO		
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type		Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results	
		Drug Type					
		Individual Condition APPEARED NORMAL					
UNIT	INDIVIDUAL	Individual					
		Passenger EVE LONETREE (608) 477-9372		Citations Issued 0	Sex FEMALE		
		Date of Birth		Race AMERICAN INDIAN OR ALASKAN NATIVE			
		Address 119 SILVER DR REEDSBURG, WI 53959 , US		Driver License Number			
		Safety Equipment		On Duty Crash	Safety Equipment		
		Row 01 - FRONT ROW	Seat Position 09 - RIGHT	SHOULDER & LAP BELT			
		Helmet Use		Helmet Compliance			
		Eye Protection		Tint Compliance			
		UNIT	INDIVIDUAL	Injury			
				Injury Severity NO APPARENT INJURY		Airbag NON DEPLOYED	
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			
Distracted By Action							
Non Motorist				Striking Unit #	Location		

UNIT	INDIVIDUAL	Prior Action				
		Action				
		Action Other			To/From School	
	01	002	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 BE615174	Issue To? 001	Statute Number 343.44(1)(b)	Description OPERATING WHILE REVOKED (FORFEITURE)

Unit Summary

UNIT	02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE		
		Vehicle Type (SPORT) UTILITY VEHICLE					Operating As Endorsements	
		Total Occs 2	Train/Bus # Recorded	Total # Citations Issued 1	Total Trailers 0	Total HazMat Types 0		
		Insurance? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 15	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						

UNIT	VEHICLE	Vehicle					
		License Plate Number ALZ4406		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
		Vehicle Identification Number 1FMCU9H91NUB35234		Make FORD	Year 2022	Model ESCAPE	
		Color BLK - BLACK		Body Style UT - SPORT UTILITY VEHICLE		Bus Use	
		Initial Contact Point 11 - LEFT FRONT CORNER		Vehicle Damage			
		Extent Of Damage FUNCTIONAL DAMAGE		11 - LEFT FRONT CORNER, 12 - FRONT			



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UNIT	Towed Due To Damage NOT TOWED		Vehicle Removed By		
	What Driver Was Doing LEFT TURN		Vehicle Factors		
	Driver Prior Action Other		NOT APPLICABLE		
	Driver Actions FAILED TO YIELD RIGHT-OF-WAY, LOOKED BUT DID NOT SEE				
02	02	Owner Name LARRY PARKS (608) 393-1771		Owner Address 414 CHESTNUT ST BARABOO, WI 53913 , US	
		Sequence Of Events			
UNIT	01	Event MOTOR VEH IN TRANSPORT			
		Event			
		Event			
		Event			
02	03	Event			
		Event			
04	Policy Holder				
	Insurance Company AMERICAN-FAMILY-INS-CO		Individual LARRY PARKS		
UNIT	INDIVIDUAL	Individual			
		Driver LARRY PARKS (608) 393-1771		Citations Issued 1	Sex MALE
		Address 414 CHESTNUT ST BARABOO, WI 53913 , US		Date of Birth	Race WHITE
		Driver License Number			
02	003	Safety Equipment		Safety Equipment	
		On Duty Crash			
		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		
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			

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UNIT	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				
	UNIT	Individual			
Passenger PAMELA PARKS		Citations Issued 0	Sex FEMALE		
		Date of Birth	Race WHITE		
Address 414 CHESTNUT ST BARABOO, WI 53913 , US		Driver License Number			
Safety Equipment		On Duty Crash	Safety Equipment		
Row 01 - FRONT ROW		Seat Position 09 - RIGHT	SHOULDER & LAP BELT		
Helmet Use		Helmet Compliance			
Eye Protection		Tint Compliance			
UNIT		Injury		Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED
		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		
	Distracted By Action				
	Non Motorist		Striking Unit #	Location	

UNIT	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			
	Violations			
	02	UTC Number BE615175	Issue To? 003	Statute Number 346.06