

6TL0BC3B7S

23-13854

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 23-13854		Investigating Officer/Deputy DEPUTY W. VERTEIN	
Crash Date 12/30/2023		Crash Time 04:21 PM		Date Arrived 12/30/2023		Time Arrived 04:27 PM	
Date Notified 12/30/2023		Time Notified 04:24 PM		Total Units 02		Total Injured 04	Total Killed 00
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input checked="" 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	
<p>Not to scale</p>		Photos By D. KROLIKOWSKI	
CTHA		Additional Information PHOTOS	

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

ON THE DESCRIBED DATE, TIME, AND LOCATION, UNIT 1 WAS TRAVELING SOUTHBOUND AND UNIT 2 WAS TRAVELING NORTHBOUND. THE OPERATOR OF UNIT 1 LOOKED BACK AND ATTEMPTED TO PICK UP AN ITEM THE BACK SEAT PASSENGER DROPPED, UNIT 1 CROSSED THE CENTERLINE STRIKING UNIT 2. UNIT 1 ROLLED OVER AND LANDED ON ITS WHEELS. UNIT 2 CROSSED THE CENTERLINE WHERE IT CAME TO REST IN THE DITCH LINE. ALL OCCUPANTS WERE TAKEN TO THE LOCAL HOSPITAL TO BE ASSESSED FOR SUSPECTED MINOR INJURIES.

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Location

ON CTHA SB 219 FT N OF CITY VIEW RD IN THE TOWN OF BARABOO IN SAUK COUNTY	Latitude 43.489700315	Longitude -89.738735441
	X Coordinate 278546.5625	Y Coordinate 4818841.5
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 02 - FRONT TO FRONT		Light Condition DUSK	
Road Surface Condition(s) DRY		Roadway Factor(s) NONE	
Environment Factor(s) NONE			
Weather Condition(s) CLOUDY			
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	
Closure Type FULL CLOSURE		Reasons for Closure	
Date Initial Lane/Rd Closed 12/30/2023	Time Initial Lane/Rd Closed 04:28 PM	LAW ENFORCEMENT	
Date All Lanes Open 12/30/2023	Time All Lanes Open 05:19 PM	Date Scene Cleared 12/30/2023	Time Scene Cleared 05:19 PM

Unit Summary

UNIT	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE		
	Vehicle Type (SPORT) UTILITY VEHICLE	Operating As Endorsements				
	Total Occs 4	Train/Bus # Recorded	Total # Citations Issued 2	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel SOUTHBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 45	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 UPHILL	
	Truck Bus or HazMat NO					
	Vehicle					
	01	License Plate Number ALP5124		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
Vehicle Identification Number ZACNJBAB0LPL40243		Make JEEP	Year 2020	Model RENEGADE		

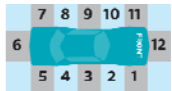
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UNIT VEHICLE	Color RED - RED		Body Style UT - SPORT UTILITY VEHICLE	Bus Use
	Initial Contact Point 11 - LEFT FRONT CORNER		Vehicle Damage	
	Extent Of Damage DISABLING DAMAGE		15 - ALL AREAS	
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By CRAIGS TOWING	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
UNIT VEHICLE	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions FAILED TO KEEP IN DESIGNATED LANE			
	Owner Name JUSTON MILLER (262) 498-8603		Owner Address 3300 HEDDEN RD # 8 MIDDLETON, WI 53562 , US	
	Sequence Of Events			
	01	01	Event CROSS CENTERLINE	
02	02	Event MOTOR VEH IN TRANSPORT		
03	03	Event OVERTURN/ROLLOVER		
04	04	Event		
UNIT	Policy Holder			
	Insurance Company STATE-FARM-GENERAL-INS-CO		Individual JUSTON MILLER	
	Individual			
UNIT INDIVIDUAL	Driver JUSTON MILLER (262) 498-8603		Citations Issued 2	Sex MALE
	Address 3300 HEDDEN RD # 8 MIDDLETON, WI 53562 , US		Date of Birth	Race WHITE
	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES			
UNIT INDIVIDUAL	Safety Equipment		On Duty Crash	
	Safety Equipment		SHOULDER & LAP BELT	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	Helmet Compliance	
	Helmet Use		Tint Compliance	
	Eye Protection			
UNIT INDIVIDUAL	Injury		Injury Severity SUSPECTED MINOR INJURY	Airbag DEPLOYED-COMBINATION
	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
	Medical Transport OTHER		EMS Agency Identifier	EMS Run #



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UNIT INDIVIDUAL	Hospital ST CLARE HOSP		Date of Death	Time of Death
	Distracted By Distracted By Source PASSENGER/OTHER NON-MOTORIST			
	Distracted By Action OTHER ACTION (LOOKING AWAY FROM TASK ETC)			
	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
01 001	Drug Type			
	Individual Condition APPEARED NORMAL			
	Individual			
	Passenger AMANDA BRUNNER (608) 572-5622		Citations Issued 0	Sex FEMALE
	Address 3300 HEDDEN RD MIDDLETON, WI 53562 , US		Date of Birth	Race WHITE
	Driver License Number		STATE: WISCONSIN COUNTRY: UNITED STATES	
	Safety Equipment		On Duty Crash	
	Row 01 - FRONT ROW		Seat Position 09 - RIGHT	SHOULDER & LAP BELT
	Helmet Use		Safety Equipment	
	Eye Protection		Helmet Compliance	
01 002	Injury		Injury Severity SUSPECTED MINOR INJURY	Airbag DEPLOYED-COMBINATION
	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
	Medical Transport OTHER		EMS Agency Identifier	EMS Run #
	Hospital ST CLARE HOSP		Date of Death	Time of Death

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT INDIVIDUAL	Distracted By Distracted By Source	
	Distracted By Action	
	Non Motorist	Striking Unit # Location
	Prior Action	
	Action	
	Action Other To/From School	
	Drug & Alcohol	Suspected Alcohol Use Suspected Drug Use NO NO
	Alcohol Test Given	Alcohol Test Type Alcohol Test Results TEST NOT GIVEN
	Drug Test Given	Drug Test Type Drug Test Results TEST NOT GIVEN
	Drug Type	
UNIT INDIVIDUAL	Individual Condition APPEARED NORMAL	
	Individual	
	Passenger	Citations Issued Sex KORA MILLER 0 FEMALE
		Date of Birth Race WHITE
	Address	Driver License Number 3300 HEDDEN RD # 8 MIDDLETON, WI 53562 , US
	Safety Equipment	On Duty Crash Safety Equipment CHILD RESTRAINT SYSTEM - REAR FACING
	Row	Seat Position 02 - SECOND ROW 07 - LEFT
	Helmet Use	Helmet Compliance
	Eye Protection	Tint Compliance
	UNIT INDIVIDUAL	Injury
Ejected		Ejection Path Trapped/Extricated NOT EJECTED NOT EJECTED/NOT APPLICABLE NOT TRAPPED
Medical Transport		EMS Agency Identifier EMS Run # OTHER
Hospital		Date of Death Time of Death ST CLARE HOSP
Distracted By		Distracted By Source

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UNIT	Distracted By Action				
	Non Motorist	Striking Unit #	Location		
		Prior Action			
	INDIVIDUAL	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			
Individual					
UNIT		INDIVIDUAL	Passenger SHYANNA MILLER	Citations Issued 0	Sex FEMALE
			Date of Birth		Race BLACK/AFRICAN AMERICAN
01	003	Address 3300 HEDDEN RD # 8 MIDDLETON, WI 53562 , US		Driver License Number	
		Safety Equipment			
01	004	Row 02 - SECOND ROW	Seat Position 09 - RIGHT	CHILD RESTRAINT SYSTEM - FORWARD FACING	
		Helmet Use		Helmet Compliance	
Eye Protection		Tint Compliance			
01	004	Injury	Injury Severity NO APPARENT INJURY	Airbag DEPLOYED-COMBINATION	
			Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
Medical Transport OTHER		EMS Agency Identifier	EMS Run #		
Hospital ST CLARE HOSP		Date of Death	Time of Death		
Distracted By		Distracted By Source			
Distracted By Action					

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UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location		
		Prior Action					
		Action					
	Action Other					To/From School	
	01	004	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	Violations					
02		UTC Number	Issue To?	Statute Number	Description		
		AE138581	001	346.05(1)	OPERATING LEFT OF CENTER		
	UTC Number	Issue To?	Statute Number	Description			
	AE138582	001	346.89(1)	INATTENTIVE DRIVING			

Unit Summary

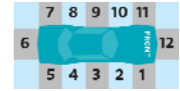
UNIT	02	Unit Status		Vehicle Operating As Classification		Unit Type		
		IN TRANSIT		D CLASS		TRUCK		
		Vehicle Type					Operating As Endorsements	
		UTILITY TRUCK/PICKUP TRUCK						
		Total Occs	Train/Bus # Recorded	Total # Citations Issued	Total Trailers	Total HazMat Types		
		2		0	0	0		
		Insurance?	Direction Of Travel	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit	Total Lanes		
		YES	NORTHBOUND		45	2		
		Most Harmful Event: Collision With			Special Function		Emergency Motor Vehicle Use	
		MOTOR VEH IN TRANSPORT			NO SPECIAL FUNCTION		NOT APPLICABLE	
Traffic Way			Traffic Control		Traffic Control Inoperative/Missing			
TWO-WAY, NOT DIVIDED			NO CONTROL		NO			
Surface Type			Road Curvature		Road Grade			
BLACKTOP (BITUMINOUS)			STRAIGHT		DOWNHILL			
Truck Bus or HazMat								
NO								
02	02	Vehicle						
		License Plate Number		Plate Type	St	Country of Issuance		
		BINF0RD		LTK - LIGHT TRUCK	WI	UNITED STATES		
		Vehicle Identification Number		Make	Year	Model		
1FTFX1EF1BKD53508		FORD	2011	F150				
Color		Body Style			Bus Use			
GRY - GRAY		PK - PICKUP						

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UNIT VEHICLE	Initial Contact Point 11 - LEFT FRONT CORNER		Vehicle Damage 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT	
	Extent Of Damage DISABLING DAMAGE			
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By PLATTS WRECKER	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors NOT APPLICABLE	
UNIT VEHICLE	Driver Prior Action Other			
	Driver Actions NO CONTRIBUTING ACTION			
02 02	Owner Name BRUCE PETERSON (608) 354-4047		Owner Address W4663 US HIGHWAY 12 AND 16 MAUSTON, WI 53948 , US	
	Sequence Of Events			
01 02 03 04	Event MOTOR VEH IN TRANSPORT			
	Event CROSS CENTERLINE			
	Event RUN OFF ROADWAY LEFT			
	Event DITCH			
UNIT	Policy Holder			
	Insurance Company AMERICAN-FAMILY-INS-CO		Individual BRUCE PETERSON	
UNIT INDIVIDUAL	Individual			
	Driver BRUCE PETERSON (608) 354-4047		Citations Issued 0	Sex MALE
			Date of Birth	Race WHITE
	Address W4663 US HIGHWAY 12 AND 16 MAUSTON, WI 53948 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
02 005	Safety Equipment		On Duty Crash	
			Safety Equipment SHOULDER & LAP BELT	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT		
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
02 005	Injury		Airbag DEPLOYED-COMBINATION	
	Injury Severity SUSPECTED MINOR INJURY			
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED	
	Medical Transport EMS GROUND		EMS Agency Identifier 6000368	EMS Run #
Hospital ST CLARE HOSP		Date of Death	Time of Death	

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UNIT INDIVIDUAL	Distracted By Distracted By Source NOT APPLICABLE (NOT DISTRACTED)	
	Distracted By Action NOT DISTRACTED	
	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 SUSAN MCMULLEN (608) 333-6902	Citations Issued 0 Sex FEMALE
		Date of Birth Race WHITE
	Address W4663 US HIGHWAY 12 AND 16 MAUSTON, WI 53948 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES
UNIT INDIVIDUAL	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 SUSPECTED MINOR INJURY Airbag DEPLOYED-COMBINATION
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE Trapped/Extricated NOT TRAPPED
	Medical Transport EMS GROUND	EMS Agency Identifier 6000368 EMS Run #
	Hospital ST CLARE HOSP	Date of Death Time of Death
	Distracted By Distracted By Source	

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UNIT	Distracted By Action				
	Non Motorist	Striking Unit #	Location		
		Prior Action			
	INDIVIDUAL	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	
	02	006	Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Results
			Drug Type		
			Individual Condition APPEARED NORMAL		