

6TL0F2KRC1
24-00477

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

6TL0F2KRC1

Document Number Override		Primary Crash Document #	Agency Crash Number 24-00477	Investigating Officer/Deputy DEPUTY I. GALVAN	
Crash Date 01/13/2024		Crash Time 11:53 AM	Date Arrived 01/13/2024	Time Arrived 12:05 PM	
Date Notified 01/13/2024		Time Notified 11:55 AM	Total Units 03	Total Injured 00	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
	Photos By I GALVAN
	Additional Information PHOTOS

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

UNIT 1 WAS TRAVELING NORTHBOUND ON ON RAMP ONTO USH 12 FROM STH 136. UNIT 2 WAS FOLLOWING UNIT 1. UNIT 1 ATTEMPTED TO MANEUVER A SNOW DRIFT IN THE ROADWAY WHICH CAUSED UNIT 1 TO SPIN 180 DEGREES. UNIT 2 THEN WAS STRUCK BY UNIT 1 AND CAUSED HIM TO SPIN AND STOP FACING EAST IN LANE NUMBER 1. UNIT 3 SWERVED TO MISS ACCIDENT AND WENT INTO A DITCH IN THE MEDIAN. THREE DIFFERENT TOWS WERE CALLED TO THE SCENE. BILLS REMOVED UNIT 2. PLATTS REMOVED UNIT 1. CRAIGS WAS CALLED FOR UNIT 3 BUT WAS PULLED OUT BY BILLS WITHOUT DISCUSSING IT WITH CRAIGS OR UNIT 3 OWNER. BILLS TOWING CAUSED DAMAGE TO UNIT 3 FRONT AND REAR PASSENGER SIDE RIM. NO INJURIES WERE REPORTED.

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Location

ON STH33 WB 33 FT S OF USH12 WB IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY	Latitude 43.481762997	Longitude -89.774643767
	X Coordinate 275613.5	Y Coordinate 4818056
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 07 - SIDESWIPE/SAME DIRECTION		Light Condition DAYLIGHT	
Road Surface Condition(s) SNOW, SLUSH		Roadway Factor(s) ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC)	
Environment Factor(s) WEATHER CONDITIONS			
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 YES	Junction Location ENTRANCE RAMP-RELATED	Intersection Type NOT AN INTERSECTION	
Closure Type LANE CLOSURE		Reasons for Closure LAW ENFORCEMENT, TOW TRUCK	
Date Initial Lane/Rd Closed 01/13/2024	Time Initial Lane/Rd Closed 12:06 PM		
Date All Lanes Open 01/13/2024	Time All Lanes Open 12:53 PM	Date Scene Cleared 01/13/2024	Time Scene Cleared 12:53 PM

Unit Summary

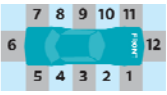
UNIT	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS		Unit Type TRUCK		
	Vehicle Type UTILITY TRUCK/PICKUP TRUCK	Operating As Endorsements				
	Total Occs 2	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel NORTHBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 65	Total Lanes 5	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way ENTRANCE/EXIT RAMP		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					
	01	License Plate Number PL9084	Plate Type LTK - LIGHT TRUCK	St WI	Country of Issuance UNITED STATES	
Vehicle Identification Number 5TFMA5DB0PX113777		Make TOYOTA	Year 2023	Model TUNDRA		

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UNIT VEHICLE	Color GRN - GREEN	Body Style PK - PICKUP	Bus Use	
	Initial Contact Point 02 - RIGHT SIDE FRONT	Vehicle Damage 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE		
	Extent Of Damage DISABLING DAMAGE			
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE			Vehicle Removed By PLATTS WRECKER
	What Driver Was Doing ENTERING TRAFFIC LANE			Vehicle Factors NOT APPLICABLE
Driver Prior Action Other				
UNIT VEHICLE	Driver Actions NO CONTRIBUTING ACTION			
	Owner Name TIFFANI BRENNAN (608) 322-7208	Owner Address 1605 DEERWOOD TRL WISCONSIN DELLS, WI 53965 , US		
UNIT 01	Sequence Of Events			
	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
UNIT	Policy Holder			
	Insurance Company AMERICAN-FAMILY-INS-CO	Individual TIFFANI BRENNAN		
UNIT INDIVIDUAL	Individual			
	Driver TIFFANI BRENNAN (608) 322-7208	Citations Issued 0	Sex FEMALE	
		Date of Birth	Race WHITE	
	Address 1605 DEERWOOD TRL WISCONSIN DELLS, WI 53965 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
UNIT 01	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	
	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 #	

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UNIT INDIVIDUAL	Hospital		Date of Death		Time of Death	
	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	
01 001 UNIT INDIVIDUAL	Drug Type					
	Individual Condition APPEARED NORMAL					
	Individual					
	Passenger GRADY BRENNAN (608) 322-7208			Citations Issued 0	Sex MALE	
	Address 1605 DEERWOOD TRL WISCONSIN DELLS, WI 53965 , US			Date of Birth	Race WHITE	
	Driver License Number					
	Safety Equipment		On Duty Crash		Safety Equipment	
	Row 02 - SECOND ROW	Seat Position 09 - RIGHT	CHILD RESTRAINT SYSTEM - FORWARD FACING			
	Helmet Use			Helmet Compliance		
	Eye Protection			Tint Compliance		
01 002 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	

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UNIT INDIVIDUAL 01 002
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
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 Summary

UNIT 02
Unit Status IN TRANSIT Vehicle Operating As Classification D CLASS Unit Type TRUCK
Vehicle Type UTILITY TRUCK/PICKUP TRUCK Operating As Endorsements
Total Occs 1 Train/Bus # Recorded Total # Citations Issued 0 Total Trailers 0 Total HazMat Types 0
Insurance? YES Direction Of Travel NORTHBOUND Pre Crash Tire Mark Speed Limit 65 Total Lanes 5
Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT Special Function NO SPECIAL FUNCTION Emergency Motor Vehicle Use NOT APPLICABLE
Traffic Way ENTRANCE/EXIT RAMP 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

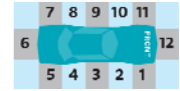
UNIT 02 02
License Plate Number 606743 Plate Type LTK - LIGHT TRUCK St WI Country of Issuance UNITED STATES
Vehicle Identification Number 1GCHSBE36G1178978 Make CHEVROLET Year 2016 Model COLORADO
Color SIL - SILVER (ALUMINUM) Body Style PK - PICKUP Bus Use
Initial Contact Point 02 - RIGHT SIDE FRONT

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UNIT VEHICLE	Vehicle Damage			
	02 - RIGHT SIDE FRONT, 04 - RIGHT SIDE REAR, 14 - UNDERCARRIAGE			
	Extent Of Damage DISABLING DAMAGE			
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE			
UNIT VEHICLE	Vehicle Removed By BILLS TOWING			
	What Driver Was Doing ENTERING TRAFFIC LANE			
	Vehicle Factors			
	Driver Prior Action Other NOT APPLICABLE			
UNIT VEHICLE	Driver Actions NO CONTRIBUTING ACTION			
	Owner Name JAMES PRUE (414) 302-9521	Owner Address 904 MOORE ST # 441 BARABOO, WI 53913 , US		
UNIT VEHICLE	Sequence Of Events			
	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
UNIT VEHICLE	Policy Holder			
	Insurance Company ALLSTATE-INS-CO	Individual JAMES PRUE		
	Individual			
UNIT INDIVIDUAL	Driver JAMES PRUE (414) 302-9521	Citations Issued 0	Sex MALE	
		Date of Birth	Race WHITE	
	Address 904 MOORE ST # 441 BARABOO, WI 53913 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
	Safety Equipment			
	On Duty Crash	Safety Equipment		
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	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

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UNIT INDIVIDUAL 02 003
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
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 Summary

UNIT 03
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: 0, Total Trailers: 0, Total HazMat Types: 0
Insurance?: YES, Direction Of Travel: NORTHBOUND, Pre Crash Tire Mark, Speed Limit: 65, Total Lanes: 5
Most Harmful Event: Collision With: DITCH, Special Function: NO SPECIAL FUNCTION, Emergency Motor Vehicle Use: NOT APPLICABLE
Traffic Way: DIVIDED HWY W/O TRAFFIC BARRIER, 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

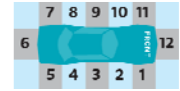
UNIT 03 03
License Plate Number: LKK425, Plate Type: AUT - AUTOMOBILE, St: MN, Country of Issuance: UNITED STATES
Vehicle Identification Number: 1GNSKHKC2JR347746, Make: CHEVROLET, Year: 2018, Model: SUBURBAN
Color: RED - RED, Body Style: 4D - 4DR, Bus Use
Initial Contact Point: 12 - FRONT

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UNIT VEHICLE	Vehicle Damage		02 - RIGHT SIDE FRONT, 04 - RIGHT SIDE REAR	
	Extent Of Damage FUNCTIONAL DAMAGE			
	Towed Due To Damage NOT TOWED		Vehicle Removed By CRAIGS TOWING	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
UNIT VEHICLE	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions SWERVED OR AVOIDED DUE TO WIND, SLIPPERY SURFACE, MOTOR VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC.			
	Owner Name TYLER KING (507) 421-6047		Owner Address 510 7TH AVE NE BYRON, MN 55920 1561, US	
	Sequence Of Events			
UNIT VEHICLE	Event DITCH			
	Event			
	Event			
	Event			
UNIT VEHICLE	Policy Holder			
	Insurance Company STATE-FARM-GENERAL-INS-CO		Individual TYLER KING	
UNIT INDIVIDUAL	Individual			
	Driver TYLER KING (507) 421-6047		Citations Issued 0	Sex MALE
	Address 510 7TH AVE NE BYRON, MN 55920 1561, US		Date of Birth	Race WHITE
	Driver License Number STATE: MINNESOTA COUNTRY: UNITED STATES			
UNIT INDIVIDUAL	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	
	UNIT INDIVIDUAL	Injury		Injury Severity NO APPARENT INJURY
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	

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UNIT	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	
	Passenger KAYLA KING (507) 421-6047	Citations Issued 0 Sex FEMALE
		Date of Birth Race WHITE
	Address 510 7TH AVE NE BYRON, MN 55920 1561, US	Driver License Number STATE: MINNESOTA COUNTRY: UNITED STATES
	Safety Equipment On Duty Crash Safety Equipment SHOULDER & LAP BELT	
Row 01 - FRONT ROW	Seat Position 09 - RIGHT	
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	

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UNIT 03 005	Distracted By Action		
	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		