

6TL0BC3B85
24-01468

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 24-01468	Investigating Officer/Deputy DEPUTY W. VERTEIN	
Crash Date 02/10/2024		Crash Time 04:56 PM	Date Arrived 02/10/2024	Time Arrived 04:58 PM	
Date Notified 02/10/2024		Time Notified 04:57 PM	Total Units 02	Total Injured 00	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

<p>Diagram</p>	<p>Reconstruction By</p> <hr/> <p>Photos By W. VERTEIN #9122</p> <hr/> <p>Additional Information PHOTOS</p>
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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 EASTBOUND AND UNIT 2 WAS TRAVELING NORTHBOUND. THE OPERATOR OF UNIT 1 DID NOT MAKE A COMPLETE STOP AT THE STOP SIGN AND ATTEMPTED TO DRIVE THROUGH THE INTERSECTION, BUT WAS STRUCK BY UNIT 2. NO REPORTED INJURIES.

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Location

INTERSECTION ON CTHA NB AT REEDSBURG RD IN THE TOWN OF FAIRFIELD IN SAUK COUNTY	Latitude 43.532236218	Longitude -89.738832094
	X Coordinate 278694.34375	Y Coordinate 4823566
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 01 - ANGLE	Light Condition DAYLIGHT	
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 INTERSECTION	Intersection Type FOUR-WAY INTERSECTION

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 2	Train/Bus # Recorded	Total # Citations Issued 1	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel EASTBOUND	<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 STOP SIGN		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 AHR8421	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 3N1CP5CU7JL515721	Make NISSAN	Year 2018	Model KICKS
		Color BLK - BLACK	Body Style HB - HATCHBACK		Bus Use
		Initial Contact Point 05 - RIGHT REAR CORNER	Vehicle Damage 04 - RIGHT SIDE REAR, 05 - RIGHT REAR CORNER, 06 - REAR, 07 - LEFT REAR CORNER, 08 - LEFT SIDE REAR		
Extent Of Damage FUNCTIONAL DAMAGE					



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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions FAILED TO YIELD RIGHT-OF-WAY, DISREGARDED STOP SIGN			
01 01	Owner Name RUTVIBEN PATEL (608) 359-8137		Owner Address 1702 E BRIDGE ST NEW LISBON, WI 53950 , US	
	Sequence Of Events			
01 02 03 04	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
UNIT	Policy Holder			
	Insurance Company ERIE-INS-CO		Individual RUTVIBEN PATEL	
UNIT INDIVIDUAL	Individual			
	Driver RUTVIBEN PATEL (608) 359-8137		Citations Issued 1	Sex FEMALE
	Address 1702 E BRIDGE ST NEW LISBON, WI 53950 , US		Date of Birth	Race ASIAN OR NATIVE HAWAIIAN OR OTHER PACIFIC ISLAN
			Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
01 001	Safety Equipment		On Duty Crash	
	Row 01 - FRONT ROW		Seat Position 07 - LEFT	
			Safety Equipment SHOULDER & LAP BELT	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	Injury		Injury Severity NO APPARENT 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		
Distracted By Action UNKNOWN				

WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location		
		Prior Action					
		Action					
		Action Other				To/From School	
01	001	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					
		Passenger ZEEL PATEL (608) 628-2045			Citations Issued 0	Sex FEMALE	
		Address 7646 COLOSSEUM DR ROCKFORD, IL 61107 , US			Date of Birth	Race ASIAN OR NATIVE HAWAIIAN OR OTHER PACIFIC ISLAN	
		Driver License Number STATE: ILLINOIS COUNTRY: UNITED STATES			Safety Equipment SHOULDER & LAP BELT		
		Row 01 - FRONT ROW		Seat Position 09 - RIGHT	Helmet Compliance		
Eye Protection		Tint Compliance					
01	002	Injury		Injury Severity NO APPARENT 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					
		Distracted By Action					
Non Motorist		Striking Unit #	Location				

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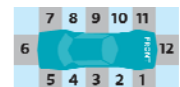
UNIT	INDIVIDUAL	Prior Action				
		Action				
		Action Other			To/From School	
	01	002	Drug & Alcohol		Suspected Alcohol Use NO	Suspected Drug Use NO
			Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	Alcohol Test Results	
			Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Results	
			Drug Type			
			Individual Condition APPEARED NORMAL			
	01	001	Violations			
			UTC Number AE138592	Issue To? 001	Statute Number 346.46(1)	Description FAIL/STOP AT STOP SIGN

Unit Summary

UNIT	02	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type AUTOMOBILE		
		Vehicle Type PASSENGER VAN	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 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	02	02	License Plate Number 935JXJ	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
			Vehicle Identification Number 5TDYZ3DC2KS011757	Make TOYOTA	Year 2019	Model SIENNA
			Color BLU - BLUE	Body Style VN - VAN	Bus Use	
			Initial Contact Point 01 - RIGHT FRONT CORNER	Vehicle Damage 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT		
			Extent Of Damage FUNCTIONAL DAMAGE			



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	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
02	Owner Name BRADLEY BJORKLUND (608) 449-0794		Owner Address E11450 BIRNAM WOODS RD BARABOO, WI 53913 , US	
	Sequence Of Events			
01	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
02	Policy Holder			
	Insurance Company WEST-BEND-MUTUAL-INS-CO		Individual BRADLEY BJORKLUND	
03	Individual			
	Driver KARA BJORKLUND (608) 449-0844		Citations Issued 0	Sex FEMALE
	Address E11450 BIRNAM WOODS RD BARABOO, WI 53913 , US		Date of Birth	Race WHITE
	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES			
04	Safety Equipment		Safety Equipment	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT	
003	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
003	Injury		Airbag	
	NO APPARENT INJURY		NON DEPLOYED	
003	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED
	Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #
003	Hospital		Date of Death	Time of Death
	Distracted By			
003	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	
02	003	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					
		Passenger DREW G BJORKLUND			Citations Issued 0	Sex MALE	
					Date of Birth	Race WHITE	
		Address E11450 BIRNAM WOODS RD BARABOO, WI 53913 , US			Driver License Number		
		02	004	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			
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				

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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			
	02	004		