

6TL0F1BQ7N

24-01921

# 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 <b>24-01921</b>		Investigating Officer/Deputy <b>DEPUTY D. KROLIKOWSKI</b>	
Crash Date <b>02/24/2024</b>		Crash Time <b>04:50 PM</b>		Date Arrived <b>02/24/2024</b>		Time Arrived <b>03:23 PM</b>	
Date Notified <b>02/24/2024</b>		Time Notified <b>04:40 PM</b>		Total Units <b>02</b>		Total Injured <b>00</b>	Total Killed <b>00</b>
<input type="checkbox"/> On Emergency	<input checked="" 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 <b>NO</b>		Tags	
<input type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>				<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

## Description

Diagram		Reconstruction By
		Photos By
		Additional Information <b>NONE</b>
		<input checked="" type="checkbox"/> I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.
UNIT 2 WAS DRIVING WEST BOUND ON SKI HILL RD WHEN UNIT IT ENCOUNTERED UNIT 1 WHICH WAS DRIVING TOWARD IT, EAST BOUND. THE DRIVER'S MIRRORS OF BOTH VEHICLES CONTACTED EACH OTHER DUE TO BEING TOO CLOSE. THIS DAMAGED THE COVER OF THE MIRROR ON UNIT 2. UNIT 1 CONTINUED DRIVING AND DID NOT STOP. THE DRIVER OF UNIT 2 REPORTED THIS CRASH TO LAW ENFORCEMENT.		

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## Location

ON SKI HILL RD 0.47 MI E OF S DEWEY AVE IN THE TOWN OF REEDSBURG IN SAUK COUNTY	Latitude <b>43.508495888</b>	Longitude <b>-89.986206102</b>
	X Coordinate <b>258610.1875</b>	Y Coordinate <b>4821617.5</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>06 - SIDESWIPE/OPPOSITE DIRECTION</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>NON-JUNCTION</b>	Intersection Type <b>NOT AN 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>(SPORT) UTILITY VEHICLE</b>	Operating As Endorsements			
	Total Occs <b>3</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>WESTBOUND</b>	<input type="checkbox"/> <b>Pre CrashTire Mark</b>	Speed Limit <b>45</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>				

<b>UNIT</b>	<b>Vehicle</b>			
	License Plate Number <b>AWE3149</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>1GNUKJE3XAR130716</b>	Make <b>CHEVROLET</b>	Year <b>2010</b>	Model <b>SUBURBAN</b>
	Color <b>WHI - WHITE</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>	Bus Use	
	Initial Contact Point <b>10 - LEFT SIDE FRONT</b>	Vehicle Damage <b>10 - LEFT SIDE FRONT</b>		
Extent Of Damage <b>MINOR DAMAGE</b>				



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UNIT VEHICLE	Towed Due To Damage <b>NOT TOWED</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	Owner Name <b>ALAN BLOSS (608) 393-0134</b>		Owner Address <b>S4875 COUNTY ROAD D ROCK SPRINGS, WI 53961 , US</b>		
	<b>Sequence Of Events</b>				
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>ALAN BLOSS</b>		
UNIT INDIVIDUAL	<b>Individual</b>				
	Driver <b>ALAN BLOSS (608) 393-0134</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>	
	Address <b>S4875 COUNTY ROAD D ROCK SPRINGS, WI 53961 , US</b>		Date of Birth	Race <b>WHITE</b>	
			Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
01 001	<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>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>NOT APPLICABLE (NOT DISTRACTED)</b>			
Distracted By Action <b>NOT DISTRACTED</b>					

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<b>UNIT</b>	<b>INDIVIDUAL</b>	<b>Non Motorist</b>		Striking Unit #	Location		
		Prior Action					
		Action					
		Action Other				To/From School	
<b>01</b>	<b>001</b>	<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>Individual</b>					
		Passenger <b>ALDEN BLOSS</b> <b>(608) 393-0134</b>			Citations Issued <b>0</b>	Sex <b>MALE</b>	
		Address <b>S4875 COUNTY ROAD D</b> <b>ROCK SPRINGS, WI 53961 , US</b>			Date of Birth	Race <b>WHITE</b>	
		Driver License Number					
		<b>01</b>	<b>002</b>	<b>Safety Equipment</b>		On Duty Crash	Safety Equipment
Row <b>02 - SECOND ROW</b>	Seat Position <b>07 - LEFT</b>			<b>CHILD RESTRAINT SYSTEM - FORWARD FACING</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					
Distracted By Action							
<b>Non Motorist</b>		Striking Unit #	Location				

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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>				
		<b>Individual</b>				
		Passenger <b>LILLIANA SEAL</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
				Date of Birth	Race	
		Address <b>216 S JAMES ST REEDSBURG, WI 53959 , US</b>		Driver License Number		
		01	003	<b>Safety Equipment</b>		On Duty Crash
Row <b>02 - SECOND ROW</b>	Seat Position <b>09 - RIGHT</b>			<b>CHILD RESTRAINT SYSTEM - FORWARD FACING</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		
Distracted By Action						
<b>Non Motorist</b>		Striking Unit #	Location			
Prior Action						

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<b>UNIT</b>	<b>INDIVIDUAL</b>	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>01</b>	<b>003</b>				

### Unit Summary

<b>UNIT</b>	<b>02</b>	Unit Status <b>HIT AND RUN</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>TRUCK</b>			
		Vehicle Type <b>UTILITY TRUCK/PICKUP TRUCK</b>					Operating As Endorsements		
		Total Occs <b>1</b>		Train/Bus # Recorded		Total # Citations Issued <b>0</b>		Total Trailers <b>0</b>	
		Insurance? <b>UNKNOWN</b>		Direction Of Travel <b>UNKNOWN</b>		<input type="checkbox"/> <b>Pre Crash Tire Mark</b>		Speed Limit <b>45</b>	
		Total HazMat Types <b>0</b>		Total Lanes <b>2</b>		Most Harmful Event: Collision With		Special Function <b>UNKNOWN</b>	
		Emergency Motor Vehicle Use <b>UNKNOWN</b>		Traffic Way <b>UNKNOWN</b>		Traffic Control <b>UNKNOWN</b>		Traffic Control Inoperative/Missing <b>UNKNOWN</b>	
		Surface Type <b>UNKNOWN</b>		Road Curvature <b>UNKNOWN</b>		Road Grade <b>UNKNOWN</b>		Truck Bus or HazMat <b>NO</b>	

### Vehicle

<b>UNIT</b>	<b>VEHICLE</b>	<b>02</b>	License Plate Number <b>UNKNOWN</b>		Plate Type <b>LTK - LIGHT TRUCK</b>	St	Country of Issuance				
			Vehicle Identification Number		Make	Year	Model				
			Color		Body Style		Bus Use				
			Initial Contact Point <b>99 - UNKNOWN</b>		Vehicle Damage						
			Extent Of Damage		<b>99</b>						
			Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>						
			What Driver Was Doing <b>UNKNOWN</b>								

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UNIT VEHICLE	Vehicle Factors	
	Driver Prior Action Other	UNKNOWN
	Driver Actions UNKNOWN	
02	Owner Name	Owner Address , ,
	<b>Sequence Of Events</b>	
01	Event MOTOR VEH IN TRANSPORT	
02	Event	
03	Event	
04	Event	
UNIT INDIVIDUAL	<b>Individual</b>	
	Driver UNKNOWN UNKNOWN UNKNOWN	Citations Issued 0
		Sex
		Race
	Address , ,	Driver License Number
02 004	<b>Safety Equipment</b>	
	On Duty Crash	Safety Equipment
	Row	Seat Position
	RESTRAINT USE UNKNOWN	
	Helmet Use	Helmet Compliance
	Eye Protection	Tint Compliance
	<b>Injury</b>	Injury Severity NO APPARENT INJURY
	Airbag NOT APPLICABLE	
	Ejected NOT APPLICABLE	Ejection Path NOT EJECTED/NOT APPLICABLE
		Trapped/Extricated NOT APPLICABLE
	Medical Transport NOT TRANSPORTED	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
	Prior Action	

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		Action Other			To/From School	
	<b>02</b>	<b>004</b>	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use	Suspected Drug Use
			Alcohol Test Given	Alcohol Test Type	Alcohol Test Results	
			<b>TEST NOT GIVEN</b>			
			Drug Test Given	Drug Test Type	Drug Test Results	
			<b>TEST NOT GIVEN</b>			
			Drug Type			
			Individual Condition			
			<b>NOT OBSERVED</b>			